

FEE: \$1.00, FOR EACH TRANSCRIPT SENT OUT.

REQUEST FOR TRANSCRIPT

NAME _____ TODAY'S DATE _____

CURRENT ADDRESS: _____

NAME WHEN ATTENDED CHARTIERS VALLEY _____

YEAR GRADUATED OR ATTENDED HIGH SCHOOL _____

PHONE NUMBER _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PLEASE SEND A COPY OF MY HIGH SCHOOL TRANSCRIPT TO:

NAME OF SCHOOL OR SCHOLARSHIP: _____
OR UNOFFICIAL

ADDRESS OF SCHOOL/SCHOLARSHIP _____

SIGNATURE REQUIRED: _____

Please mail your request to: Chartiers Valley High School
c/o Mrs. Tara Barker
50 Thoms Run Road
Bridgeville PA 15017-2835

Make all checks or money orders payable to:

Chartiers Valley Activity Fund