

Transcript Request / Release of Records

Springside Chestnut Hill Academy

500 W. Willow Grove Avenue, Philadelphia, PA 19118 | Registrar@sch.org



PERSONAL INFORMATION

NAME:

Last *First* *Middle*

DATE OF BIRTH: _____ **MAIDEN NAME(S):** _____

HOME ADDRESS:

Address

City *State* *Zip*

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

I am a...

- Current Student
- Former Student _____ (Dates Attended)
- SCH/Springside School/CHA Alum _____ (Graduation Year)

PROCESSING INFORMATION

**Please complete a new request form for transcripts with differing processing information.*

Check one of the following options:

- Please mail my official transcript to:
Institution/Program Name: _____
Institution/Program Address: _____
Institution/Program Email: _____
- Please mail my unofficial transcript to me at the email address listed above.*

SIGNATURE REQUIRED TO PROCESS THIS REQUEST

I authorize the release of my transcript as directed above:

Signature (must be signed by the record holder or guardian)

Date