Pottsgrove High School

Transcript Release

Name (If married, please list maiden name):
Year of Graduation: **Date of Birth:**

Please list the name and address of where you would like your transcript sent.

Ex: email address: Test@test.com or home address, college address: 123 Street Road, Test, PA 19465 or write PICK UP along with a date if you plan to come to the high school to pick up from the front office.

1.	
2.	

By signing below,I authorize Pottsgrove High School send my academic record including all grades, GPA, and standardized test scores to the above places or institutions.

Signature: _____

Date: _____

Office Use Only – Date Submitted to Guidance: _____