

**MERCER AREA SENIOR HIGH SCHOOL
COUNSELING OFFICE**

545 WEST BUTLER STREET, MERCER, PENNSYLVANIA 16137

Phone: 724-662-2272, x20

Fax: 724-662-2993

Name _____ Date of Birth: _____

Maiden Name (if applicable): _____ Year of Graduation: _____

Phone # where you can be reached: _____

Your email address: _____

Type of Transcript: _____ Official (in sealed envelope, mailed or picked up)

_____ Unofficial (emailed, faxed, or for yourself to look at)

_____ Fax _____ Email _____ Mail

(Please include full name and address, the email OR fax of recipient)

I hereby give permission to the Mercer Area School District to release my transcript including grades, rank, cumulative GPA, ACT/SAT test scores, and standardized achievement, and/or upon request: intelligence and aptitude test scores, attendance/discipline records, and record of extracurricular activities for the named individual to the school, company or agency identified above.

Student/Alumni Signature

Date

Please scan or take a photo of this form and email to sgreen@mercerc.k12.pa.us **OR** mail to 545 W. Butler Street, Mercer, PA 16137 **OR** fax to 724-662-2993.