



1490 Roth Church Road, Spring Grove, PA 17362  
Phone: 717-225-4731 x 7070 | Fax: 717-225-7317

## TRANSCRIPT RELEASE REQUEST

Please allow a minimum of **ONE WEEK** for the processing of transcript requests.  
Additional request lines are available on the back of the release form.

Full name while in attendance at Spring Grove: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

I permit Spring Grove Area High School to release school records to the following:

	Name of College/University Scholarship, Employer, or Other <i>(Note "Self" for a personal copy)</i>	Application Submitted <b>(College/University)</b>	Admissions/Scholarship/Employer Contact Information
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

This information may include academic grades, credits earned, class rank, grade point average, test scores, extracurricular activities, psychological reports, special education records, teacher, counselor, and administrative recommendations. Keystone scores (required by some colleges/universities) will be included. By signing this release form, I absolve Spring Grove Area School District, its directors, agents, and employees from any responsibility through this authorized disclosure. Unless otherwise specified, **this release is valid for one year.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

	<b>Name of College/University Scholarship, Employer, or Other</b> <i>(Note "Self" for a personal copy)</i>	<b>Application Submitted (College/University)</b>	<b>Admissions/Scholarship/Employer Contact Information</b>
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			