

PINE-RICHLAND HIGH SCHOOL

School Counseling Office
700 Warrendale Road
Gibsonia, PA 15044
Phone-724.625.4444 Fax-724.625.4640

GRADUATE TRANSCRIPT RELEASE FORM

This is an authorization for release of (former) student information from the Pine-Richland High School to another school or third party.

A minimum of ten (10) days is required to guarantee completion of this process.

PLEASE PRINT CLEARLY:

Name _____
(Maiden Name)

Year of Graduation _____

If no graduation year,
Withdraw Grade _____

Address _____

Date of Birth _____

Email Address _____

Cell Phone _____

Home Phone _____

PURPOSE OF RELEASE

Official Transcript (mailed to school or employer only)

Unofficial Transcript

Mail to:

School, Company, Agency: _____

Address: _____

City, State, Zip: _____

Email to: _____

I hereby give permission to the Pine-Richland School District to release my academic transcript to the school, company or agency identified above.

Past Graduate Signature

Date

Please return this completed form to:
Pine-Richland High School, 700 Warrendale Road, Gibsonia, PA 15044 or Fax 724.625.4640
or e-mail either: derlain@pinerichland.org or sduffy@pinerichland.org

The Pine-Richland School District requires that an executed "Graduate Transcript Release Form" be filed with the school district prior to the release of an academic transcript for any student who graduated or attended Pine-Richland High School in the past.