Lower Dauphin High School
201 S. Hanover St
Hummelstown, PA 17036



Counseling Department
ph 717 566-5329 / fax 717 566-3970
www.ldsd.org/highschoolguidance

Transcript Request

Transcripts include ONLY the following information: Name, Address (in high school), Courses, Grades, Credits, GPA and Class Rank. STANDARDIZED COLLEGE ENTRANCE TEST SCORES (SAT or ACT) DO NOT APPEAR ON YOUR TRANSCRIPT. You must contact the testing company directly for scores. **Please allow two weeks to process this request.**

REQUESTOR'S INFORMATION: Current student complete line 1. Alumni complete line 1 and 2.

1. First Name (Legal)	Middle Name	Last Name	Graduation Year, or last year of attendance
2. Date of Birth	Maiden Name, if applicable	Phone Number	Email address

Please check all that apply:

____ I grant permission to the Lower Dauphin School District to release my son/daughter's transcript to any institution at his/her request during the school year.

____ I need an **OFFICIAL** transcript, embossed, signed and dated, mailed directly to the following college or university, NCAA Eligibility Center, U.S. Military or place of employment: [**Please print recipient's name and complete address]**

_____
_____
_____
_____

____ I need an **UNOFFICIAL** transcript (personal copy), not embossed, signed and dated, the following way:

____Picked-up by my designee or myself: _____

____Faxed: Name _____ Fax# _____

____Emailed: Name: _____ Email _____

____ Mailed: [**Please print recipient's name and complete address]**

_____
_____
_____
_____

Student Signature and permission to release_____ **Date** _____

Parent Signature* and permission to release_____ **Date** _____
***Required for students under 18**

For Office Use:

Date request submitted: _____ Date of action: _____ By Staff: _____