

**ELIZABETH FORWARD HIGH SCHOOL
GUIDANCE DEPARTMENT**
1000 Weigle's Hill Road, Elizabeth, PA 15037
412-896-2352 - Fax: 412-384-2693
District Office (for graduates over 5 years)
412-896-2315- Fax: 412-751-5484

REQUEST FOR TRANSCRIPT	
Request for the Record of (Named Used While in School)	
Year of Graduation:	
Or Withdrawal Date:	
Address While in Attendance	
City / State / Zip Code	
Present Address	
City / State / Zip Code	
Current Telephone Number	

PERMISSION FOR RELEASE OF RECORDS <i>- Please <input checked="" type="checkbox"/> One Option then Sign and Date -</i>			
<u>FOR HIGH SCHOOL GRADUATES ONLY</u> - I, the above-named person, having attained the age of eighteen years, do hereby request and give permission to release information and data from my record.			
Signature		Date	/ /

TRANSCRIPT TO BE SENT TO:		<input checked="" type="checkbox"/> INCLUDE THE FOLLOWING:	
School / Agency			SAT Scores
To the Attention of:			ACT Scores
Street Address or Box #			
City / State / Zip Code			

Do Not Write Below – For Guidance Office Use Only			
Date Request Completed	/ /	Signature	
<input checked="" type="checkbox"/> Type of Transcript		Official Transcript	Unofficial Transcript