TRANSCRIPT RELEASE - FORMER STUDENTS

1963 to 2023 School Years – Photo ID w/ signature Required 2024 School Year must request directly through SchooLinks

https://app.schoolinks.com/login/member

SENECA VALLEY SCHOOL DISTRICT

128 Seneca School Road, Harmony, Pennsylvania 16037 Guidance Office Fax: 724-631-0217

Email: magillka@svsd.net or berlinsm@svsd.net		
1. STUDENT NAME (AT TIME OF ENROLLMEN	T):	
2. BIRTH DATE:		
3. PHONE NUMBER:		
4. WHAT WAS THE LAST YEAR YOU ATTENDE	D SENECA VALLEY IN HARMO	NY, PA:
5. DID YOU GRADUATE? YES NO	0	
6. TYPE OF TRANSCRIPT BEING REQUESTED Please note: Emailed transcripts are usually no		Unofficial h recipient before requesting.
Delivery Option	ns- please chose one option	n below.
I will pick the transcript up at the Senior High	n School.	
I would like to have the transcript emailed.	Email:	
I would like to have the transcript mailed.		
Mail to: School, Company or Recipients name: _		
Address:		
City:		
*PLEASE ALLOW 3-5 SCHOOL DAYS TO PRO FULL. STUDENT'S RECORDS WILL NOT I		
I hereby give permission to the Seneca Valley School records (name, address, birth date, grade level compintelligence, and aptitude test scores, and record of excompany or agency identified above.	leted, grades, class standing, atten	dance record); standardized achievement,
(Applicant's signature) *MUST BE SIGNED BY APPLI	CANT IF OVER 18 YEARS OF AG	E. (Date)
Photo ID with a signatu	ure is required to requ	<mark>lest transcripts</mark> .
The Seneca Valley School District requires that an ex	xecuted "Authorization for the Relea	se of Information" he filed with the school

district prior to the release of any information regarding students presently enrolled or who formerly have been enrolled in the district.

Revised 03/03/2025