



CATASAUQUA HIGH SCHOOL
"DEDICATED TO EDUCATIONAL EXCELLENCE"
2500 W. BULLSHEAD ROAD NORTHAMPTON, PA 18067
COUNSELING OFFICE 610-697-0123/FAX 610-697-0117

High School Transcript Release Form

Please note the following information carefully!

This form must accompany all transcript requests - no exceptions.

Official transcripts must be mailed directly to an educational institution or business.

This document will include both a counselor's signature and the school seal.

Transcripts mailed to you personally will be designated as unofficial.

All faxed transcripts will be sent as unofficial.

Name: _____ DOB: _____

Maiden Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Class of _____ Graduated: Yes ☐ No ☐

My signature below certifies that I have granted permission to have my school records released to:

Name of School/Business: _____

Person/Department: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

Instructions:

1. You must include a business size envelope addressed to the place where the transcript is to be mailed.

2. Attach one postage stamp (no return address).

For Counseling Office Use Only

Date Received: _____

Transcript Requested: Official Unofficial

Information released by: Mail Fax Other: _____

Please allow 7 to 10 days for processing this request.