Pembroke High School

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SCHOOL GRADUATED STUDENT TRANSCRIPT REQUEST FORM

LAST NAME: _____FIRST NAME: _____

NAME AT TIME OF GRADUATION: _____

DOB: _____ Year of Graduation: _____

I give permission for PHS to:

_____Send a copy of my official transcript to the name and address listed below

_____Provide me with an unofficial copy of my transcript

_____Provide me with an official copy of my transcript in a sealed envelope

_____Release my transcript to another designated person – listed below:

_____
Institution / Organization or Person

_____
Address

_____ _____ _____
City State Zip

******Print and Complete form, take a picture of it *or* make a copy and fill out digitally and email to danielle.schneider@pembrokek12.org

_____/_____
Signature Date

To be completed by PHS Personnel:

Date Sent_____