

STUDENT TRANSCRIPT / RECORDS REQUEST

Name _____ Maiden Name _____

Phone # _____ Date of Birth _____

Year of Graduation _____

Official Transcript _____

Unofficial Transcript _____

TRANSCRIPT FORWARDED TO:

NAME ON TRANSCRIPT

SIGNATURE: _____

FEES: \$10.00 for first copy \$3.00 for additional copies \$25.00 for complete student file
Fees are waived for current students

Please note that *official* transcripts can be mailed to schools and places of employment. Please notify Mrs. Brenner if you would like to pick up the transcript in person. Please mail the form and fee to:

Freedom Area High School
Registrar/Joyce Brenner
1190 Bulldog Drive
Freedom, Pa 15042
724-775-7400 Ext. 501

Date Received: _____

Date Processed: _____