

North Allegheny Senior High School

School Counseling Office
10375 Perry Highway
Wexford, PA 15090

Phone: 724-934-7221

Fax: 724-934-7258

Email: hschwerin@northallegheny.org

GRADUATE TRANSCRIPT RELEASE FORM

Name (at the time of graduation): _____

Year of Graduation: _____ Birthdate: _____ Current Phone: _____

Email Address: _____

Type of Transcript: ___ Official (Sealed) ___ Unofficial ___ Will Pick Up

OR Mail To: _____

Name of College/University or Employer

Street Address

City

State

Zip

Email Transcript To: _____

Please make sure college or employer will accept emailed transcript.

This type of transcript will not have a raised school seal.

I authorize the North Allegheny School District to release my academic transcript as specified above.

Date

Graduate Signature

There is a \$3.00 processing fee for each transcript. Please return with completed Transcript Release form. No transcript will be processed until the signature and fee are received.

Cash Paid: \$3.00 _____

OR

Check Number: _____