GRADUATE TRANSCRIPT RELEASE FORM

Please submit this form to request a transcript with $3.00 (cash or check) and the graduate signature. Allow 3 – 5 days for processing. PLEASE PRINT CLEARLY.

Name (at the time of graduation) _________________________________________

Year of Graduation __________ Date of Birth _______________ Current Phone ___________

Email address________________________________________________________________

Type of Transcript Requesting:

_____ OFFICIAL TRANSCRIPT (are imprinted with the school seal and must be mailed/ emailed directly from North Allegheny HS to a school, place of employment or verification agency))

_____ UNOFFICIAL TRANSCRIPT (transcripts mailed to a home address, or handed to a student/former student are UNOFFICIAL and will be so marked)

Mail transcript to:     ____________________________________________________________

Name or college/university or employer

__________________________________________

Street Address

__________________________________________

City State Zip Code

Email transcript to:  _____________________________________________________________

(Please be sure the college or employer will accept emailed transcripts. This type of transcript will not have a raised school seal.)

I AUTHORIZE NORTH ALLEGHENY SCHOOL DISTRICT TO RELEASE MY TRANSCRIPT AS REQUESTED.

_________________________________________________ ___________________________
Graduate Signature Date

Please mail form and fee to the above address OR drop off at the NA Senior High School.  
For information only: cgalbraith@northallegheny.org