

NESHANNOCK JUNIOR/SENIOR HIGH SCHOOL GUIDANCE OFFICE  
BRENDA DEVINCENTIS: GUIDANCE COUNSELOR: SENIOR HIGH  
bdevincentis@neshannock.k12.pa.us

REQUEST FOR TRANSCRIPT  
(PRINT LEGIBLY)

OFFICE OF ACADEMIC RECORDS  
NESHANNOCK HIGH SCHOOL  
3834 MITCHELL ROAD  
NEW CASTLE, PA 16105  
TELEPHONE #: 724-658-5513  
FAX #: 724-657-8169

DATE OF REQUEST \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_

HOMEROOM: \_\_\_\_\_

Student's Name:

LAST FIRST MIDDLE

Home Address:

NUMBER & STREET NAME

CITY STATE ZIPCODE

( ) ( )

PHONE NUMBER CELL NUMBER

NUMBER OF TRANSCRIPTS: DATE COMPLETED:

- I will take transcript with me. \_\_\_\_\_
- Mail transcript when grades for current term are available. \_\_\_\_\_
- Mail midterm/final transcript. \_\_\_\_\_
- MAIL TRANSCRIPT IMMEDIATELY. \_\_\_\_\_

MAIL TRANSCRIPT TO:

College: \_\_\_\_\_

Office Of \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

RELEASE POLICY:

Release of records or data from records requires of parent/guardian if the student is under the age of 18 years or graduated or been officially withdrawn.

Signature of Person Ordering Transcript

Signature of Parent

1. A Transcript request must be made in writing.
2. Fee: \$1.00 for each transcript. This fee **must** accompany request.
3. No transcript will be issued for a student without the requested fee.
4. Transcripts will **not** be issued to a third party without written consent of the student.

RECOMMENDATIONS REQUIRED FROM:

ANY OTHER NECESSARY FORMS:

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