Phone 610.284.8080 Fax 610.284.2977

This form is <u>not</u> for students in grades 9-12 who are currently enrolled or have transferred out or are re-enrolling in the WPSD.

 $\begin{tabular}{ll} \hline Transcript \ Request \ Form \\ \hline \ Complete \ \emph{all} \ information \ below. \ Transcripts \ are \ processed \ between \ two \ and \ ten \\ \hline \end{tabular}$ business days. When request is complete the **official sealed transcript(s)** will be mailed to your home address provided below. *Please note we do not mail or fax transcripts to colleges/universities/other institutions for graduates/non grads. No fee for transcripts.

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Today's Dat	e:	_/		/	
First name:		<del> </del>			
Current last name	»:				
ast name while a	ttending:				
ear of Graduation?	month/year	_ Non-Gra	ad last year a	attended?	month/year
Date of Birth:	month /	day	/	year	
Which high schoo	l did you gradu	ate from/	last attend	l? Circle o	one.
Penn Wood	Lansdowne/A	ldan	Darby/	Colwyn	Yeadon
Current mailing a	ddress:				
Street					Apt.#
City	State				Zip
Phone #	#				
How many off	icial transcripts ar	e you reque	sting? The	re is a limit o	of four. 1234
		Signat	ure		