

# ABINGTON HEIGHTS SCHOOL DISTRICT

Abington Heights High School - Guidance Department  
Telephone 570-585-5306, Fax 570-585-8274

## GRADUATE REQUEST FOR HIGH SCHOOL TRANSCRIPT

The Abington Heights School District must receive a **GRADUATE's approval** prior to the release of an official transcript to a post-secondary school or employer. If you wish an official transcript be sent, please complete and sign this form and return it to the guidance office. A transcript will not be released unless this form is on file.

If you have questions concerning the release of student records, please call the high school guidance office.

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ABINGTON HEIGHTS SCHOOL DISTRICT  
Clarks Summit, Pennsylvania 18411

## TRANSCRIPT RELEASE FORM

NAME OF GRADUATE \_\_\_\_\_  
PLEASE PRINT NAME AT TIME OF GRADUATION

CLASS OF \_\_\_\_\_ DOB \_\_\_\_\_ CONTACT # \_\_\_\_\_

I request that my  official transcript  unofficial transcript be sent to the following post-secondary school(s) or employer(s):

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
AHHS Graduate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature, only if required