



South Allegheny High School
Transcript Release Form
2743 Washington Boulevard, McKeesport, PA 15133

Authorization is granted for the release of my high school transcript (consisting of name, address, birth date, grade level completed, grades, class standing, attendance, and ability/aptitude test scores) to post high school educational institutions, scholarship committees, and prospective employers upon my request.

Printed Name Graduate/Student Date

Phone Number (for questions)

Signature of Graduate/Student Date

Signature of Parent/Guardian (not required if 18 or older)

Date of Birth Year of Graduation

Name of School, address and fax number to which transcript should be sent (**Only one transcript can be sent per form.**):

School Name _____

Street Address _____

City,State Zip _____

Please allow a **MINIMUM 5 DAYS NOTICE** when requesting transcript to be sent to prospective colleges, employers, yourself or the military.

Also, it is recommended that the student/parent/guardian contact the institution of choice within 14 days to verify receipt. Thank you.

DATE/TIME (School Use Only):

Mailed _____

Faxed _____