TRANSCRIPT RELEASE - FORMER STUDENTS

SENECA VALLEY SCHOOL DISTRICT

128 Seneca School Road Harmony, Pennsylvania 16037 Guidance Office Fax: 724-631-0217

Email: magillka@svsd.net or berlinsm@svsd.net

1. STUDENT NAME (AT TIME OF ENROLLMENT):	
2. BIRTH DATE:	
3. PHONE NUMBER:	
4. WHAT WAS THE LAST YEAR YOU ATTENDED SENECA VALLEY IN HARMONY, PA:	
5. DID YOU GRADUATE? YES NO	
6. TYPE OF TRANSCRIPT BEING REQUESTED: Official Unofficial Please note: Emailed transcripts are usually not considered official. Verify with recipient before requesting.	
Delivery Options-please chose one option below.	
I will pick the transcript up at the Senior High School.	
I would like to have the transcript emailed. Email:	
I would like to have the transcript mailed.	
Mail to: School, Company or Recipients name:	
Address:	
City: State: Zip Code:	
PLEASE ALLOW 3-5 SCHOOL DAYS TO PROCESS YOUR REQUEST OUTSTANDING FEES MUST BE PAID FULL. STUDENT'S RECORDS WILL NOT BE RELEASED UNTIL ANY OUTSTANDING DEBTS ARE PAID. I hereby give permission to the Seneca Valley School District to release all available information identifying official administration records (name, address, birth date, grade level completed, grades, class standing, attendance record); standardized achievement intelligence, and aptitude test scores, and record of extracurricular activities; for the student named above, to the school individe	tive ent,
company or agency identified above.	•
(Applicant's signature) *MUST BE SIGNED BY APPLICANT IF OVER 18 YEARS OF AGE. (Date)	
Please mail, fax or email this completed form to: Seneca Valley Senior High School, 128 Seneca School Road, Harmony, PA 16037 or Fax: 724.631.0217 Email: <u>magillka@svsd.net</u> or <u>berlinsm@svsd.net</u>	

The Seneca Valley School District requires that an executed "Authorization for the Release of Information" be filed with the school district prior to the release of any information regarding students presently enrolled or who formerly have been enrolled in the district.