

Abington High School
Guidance Department



Counselors

Jessica Coscia
Sarah McGinness
Christina Park, Director

TRANSCRIPT REQUEST FORM

Year of AHS graduation: _____ DOB: _____

Full name at graduation: _____

I, _____

Give permission for AHS to:

___ Send a copy of my official transcript to the name and address OR email listed below.

___ Provide me with an unofficial copy of my transcript. If emailed, my email address:

___ Provide me with an official copy of my transcript in a sealed envelope. (address below)

___ Release my transcript to another designated person – listed below.

****Please do NOT check off every single box.** Transcripts will go either *to a school/company* OR *to you*. By email or mail. **

Name of college, scholarship, work, union or person picking up:

Address, City, State, Zip Code OR Email Address:

Signature

Date

Contact telephone number: _____

Please email this form to Anne-Marie Padilla at annemariepadilla@abingtonps.org

For AHS GUIDANCE Office Staff Use Only! (DO NOT fill this out): Date Sent: _____

By EM: _____ By Mail: _____