

TRANSCRIPT REQUEST FORM FOR ALUMNI
HERSHEY HIGH SCHOOL
COUNSELING DEPARTMENT
550 HOMESTEAD ROAD
HERSHEY, PA 17022

Phone: 717-531-2244

Fax: 717-534-2684

Web: <http://www.hershey.k12.pa.us>

For Alumni only- Do not use this form if you are a current student.

REQUESTOR'S INFORMATION

Last Name: _____ First: _____ MI: _____
(Please Print)

Maiden Name: _____ Date of Birth: _____

Graduation Year: _____ or Last Year Attended: _____

Daytime Telephone/Email: _____

QUANTITY, TYPE, AND DELIVERY METHOD

Please check all that apply:

- I need an OFFICIAL transcript (with school seal and in a sealed envelope) to be mailed directly to an institution. **Note:** OFFICIAL transcripts can only be sent directly to an institution from Hershey High School.

Please mail OFFICIAL transcript to:

Please mail OFFICIAL transcript to:

Additional Comments:

Additional Comments:

- I need an UNOFFICIAL transcript (student copy). UNOFFICIAL transcripts can be faxed, emailed, mailed, or picked up in the counseling office. How would you like to receive the UNOFFICIAL transcript? (check all that apply)

Please fax to: _____ Attn: _____

Please email to: _____

Please mail to: _____

Additional Comments:

- Transcript will be picked up on this date: _____ by: _____
(Your name or designated person's name)

Signature of Alumnus: _____ **Date:** _____

GUIDELINES:

- Allow 5-7 school days for processing (from the date the request is received in our office)
- All request forms must be filled out completely in order to be processed
- All transcript requests must include this form (requests will not be taken over the phone)
- Parent or 3rd party picking up transcript **MUST** be listed on this form as the designated person

PLEASE NOTE: ALL SAT/SAT SUBJECT TESTS/AP/ACT TEST RESULTS MUST BE SENT DIRECTLY FROM EITHER THE COLLEGE BOARD OR ACT TO THE COLLEGE/UNIVERSITY.

For office use only:

Date Rec'd _____ By _____ Sent _____