



TRANSCRIPT REQUEST FORM
Oley Valley High School

Student requesting transcript: _____
Student's Address: _____
City: _____ State _____ Zip _____
Graduation Year: _____

RE: Release of Transcript

A separate form must be completed for each transcript requested.

Date requested: _____

****Please allow two weeks for transcript processing****

I request that a copy of my official secondary school administrative record (transcript includes: name, address, birthdate, social security number, academic level completed, grades, class rank, grade point average, extra curricular activities as reported to the guidance office by student, SAT and/or ACT scores, PSSA scores) be sent to the following address:

** Please note, SAT scores are only deemed official if sent directly from College Board **

College/University Name: _____

Address: _____

What major selection have you chosen for the above college?

Please check the following areas that apply:

- I have completed my application on line _____
- I have completed a pen/paper application which I have provided to the guidance office _____

List teachers providing letters of recommendation and indicate if you would like your counselor to send out the letters with your transcript. You must provide the letters to your counselor.

Teacher Name	Yes or No?

Please update your activities on the back of this sheet so that our records can be as accurate as possible.

_____ Student Signature
_____ Parent Signature

I have participated in:

Athletics, grades that you were active, positions held:
i.e. Soccer Grade 9, 10, 11, 12 Captain Grade 12

Clubs and in school organizations, grades that you were active, positions held:
i.e. Student Council Grade 9, 10 Treasurer Grade 10

School awards received, grade received:
i.e. Social Studies Award Grade 9