

St. Marys Area High School Guidance Office
977 S. St. Marys Rd.
St. Marys, PA 15857
Office: 814-781-2115
Fax: 814-781-2190
Email: awendel@smasd.org

REQUEST FOR TRANSCRIPT

Name _____

Maiden Name _____

Telephone Number _____

Date of Birth _____

Year of graduation _____

Please send a copy of my transcript to:

Name

Street Address

City, State, Zip

Official transcripts will be sent directly to the college. Only unofficial transcripts will be sent to you.

I give my permission for my transcript to be sent to the above address.

Signature

Date