

Trinity High School

Electronic Transcript Request Form

231 Park Avenue Washington, PA 15301

I hereby request and authorize Trinity High School to release the following school records for the following student:

Name: _____

Date of Birth: _____

Graduation Year: _____

School Records to be released (**Please only check one**):

_____ High School Transcript, including scholastic record, attendance data, Keystone results, and standardized test scores (SAT/ACT)

_____ High School Transcript, including scholastic record, attendance data, and Keystone results **without standardized test scores*****

Records are to be sent to: Any college requested through Naviance for the 2024-2025 school year (Please submit at least 10 schools days before due date.)

*** If you chose to send your **transcript without standardized test scores**, you are aware you will need to request scores to be sent via the testing agency if the school(s) in which you are applying require test scores. Requesting test scores in this manner is the student's responsibility and will not be monitored through the counseling department.

Student Signature

Parent/Guardian Signature (if under 18)

Date

Phone

Counseling Office: Initial: _____

Date Received: _____