

BELLEFONTE AREA HIGH SCHOOL  
830 East Bishop Street  
Bellefonte, PA 16823-2395  
Guidance Office Phone: (814) 353-5318  
Main Office Phone: (814) 355-4833

REQUEST FOR OFFICIAL TRANSCRIPT

Date of Request \_\_\_\_\_

STUDENT INFORMATION:

Current Name: Last- \_\_\_\_\_ First- \_\_\_\_\_ Middle \_\_\_\_\_

I request and authorize Bellefonte Area High School personnel to forward an official copy of my high school transcript to:

Name of College/University: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Received \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_