HAVERFORD HIGH SCHOOL
MID YEAR TRANSCRIPT REQUEST

Name: _____Advisory Section: _____Student ID: _____

(Only if required by the school you are applying to)

1. Complete this form and submit it to the Counseling Office.
2. Please provide an addressed envelope, with stamp, for each school that you are requesting a Mid-Year Transcript be sent to.
3. Please verify that you have correctly addressed the envelope.
4. Be sure to submit each School's Mid-Year Form, if applicable.
5. Mid-Year Transcripts will be mailed when 1st semester grades are available.

Please send my Mid-Year Transcript to the following schools listed below:

1. Name of School: _____

   Address: _____

   _____

   _____

2. Name of School: _____

   Address: _____

   _____

   _____

3. Name of School: _____

   Address: _____

   _____

   _____