Wattsburg Area School District
Seneca High School
10770 Wattsburg Road
Erie, PA 16509

REQUEST FOR TRANSCRIPT

Student Name _____   Student ID No. _____

Date of Birth _____   Date of Request _____

Phone _____   Year of Graduation/Exit _____

PLEASE NOTE: Unless indicated otherwise, all transcripts will be sent WITH the Grade 11 PSSA scores included if applicable. Check the box indicating your preference.

☐   Include the PSSA Grade 11 scores on my transcript.

☐   **DO NOT** include the PSSA Grade 11 scores on my transcript.

Requested by
Student:

_____   _____
Signature (if 18 or older,   Print Name
only student signature is required)

Parent/Guardian _____   _____
Signature (Student AND parent/guardian   Print Name
required for student under 18)

Current Address _____

PLEASE FORWARD TRANSCRIPT DOCUMENTS TO THE FOLLOWING: (TYPE OR PRINT)
(You may request up to six (6) transcripts using this form. For more requests, complete an additional form.)

1. _____   _____
Institution   Date Sent

_____   _____
Individual if any   Date Accepted

_____
Street Address

_____   _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself   ☐ guidance office (current students only)

2. _____   _____
Institution   Date Sent

_____   _____
Individual if any   Date Accepted

_____
Street Address

_____   _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself   ☐ guidance office (current students only)

February 20125

3.
_____	_____
Institution	Date Sent

_____ _____
Individual if any   Date Accepted

_____
Street Address

_____ _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself ☐ guidance office (current students only)

4.
_____ _____
Institution   Date Sent

_____ _____
Individual if any   Date Accepted

_____
Street Address

_____ _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself ☐ guidance office (current students only)

5.
_____ _____
Institution   Date Sent

_____ _____
Individual if any   Date Accepted

_____
Street Address

_____ _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself ☐ guidance offic (current students only)

6.
_____ _____
Institution   Date Sent

_____ _____
Individual if any   Date Accepted

_____
Street Address

_____ _____
City, State, Zip Code   **Date Final Transcript Sent**

Did you apply online? ☐Yes ☐ No

If yes, application fee will be mailed by: ☐ myself ☐ guidance office (current students only)