

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, only student signature is required) _____ Print Name _____

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

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)

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 Office (current students only)

6. _____
Institution _____ Date Sent _____

Individual if any _____ Date Accepted _____

Street Address _____

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

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