



WATTSBURG AREA SCHOOL DISTRICT

Seneca High School

10770 Wattsburg Road , Erie, Pennsylvania 16509-6499

☎ 814/824-3400 📠 814/825-2262

REQUEST FOR TRANSCRIPT

Student name: _____ Student ID: _____
 (Name as on district records) (If known)
 Date of Birth: _____ Date of request: _____
 Phone: _____ Year of graduation/exit _____

PLEASE NOTE: Unless indicated otherwise, all transcripts will be sent WITH standardized test scores.

DO NOT include standardized test scores on my transcript.

Requested by:
 Student: _____
 Signature (If 18 or older, only student is required) _____ Print Name _____

Parent/Guardian: _____
 Signature (Student AND Parent required for students under 18) _____ Print Name _____

Current Address: _____

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

* For office use only *

1. _____
 Institution _____ Date Sent _____

 Individual if any _____ Date Accepted _____

 Street Address _____

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

* For office use only *

2. _____
 Institution _____ Date Sent _____

 Individual if any _____ Date Accepted _____

 Street Address _____

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

* For office use only *

3. _____
 Institution _____ Date Sent _____

 Individual if any _____ Date Accepted _____

 Street Address _____

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

* For office use only *

4. _____
Institution

Individual if any

Street Address

City, State, Zip code

Date Sent

Date Accepted

Date **Final Transcript** Sent

* For office use only *

5. _____
Institution

Individual if any

Street Address

City, State, Zip code

Date Sent

Date Accepted

Date **Final Transcript** Sent

* For office use only *

6. _____
Institution

Individual if any

Street Address

City, State, Zip code

Date Sent

Date Accepted

Date **Final Transcript** Sent