

ALBERT GALLATIN AREA HIGH SCHOOL
1119 TOWNSHIP DRIVE
UNIONTOWN, PA 15401
PHONE (724) 564-2024 EXT 5302
FAX (724)564-0557

TRANSCRIPT RELEASE FORM

PLEASE BE ADVISED THAT THERE IS A \$5.00 FEE PER TRANSCRIPT.
PAYMENT ACCEPTED BY CASH OR MONEY ORDER ONLY.

Please complete the following information needed to obtain or release a copy of your high school transcript:

Name: _____
 Last First Middle

Maiden Name (if applicable): _____ Date of Birth: _____

Address: _____ Telephone: _____

Year of Graduation: _____ If you did not graduate, last year completed: _____

Please forward transcript to:

I hereby grant permission for the Albert Gallatin Area High School to release my high school transcript.

Date

Signature

For Office Use Only

PAID: \$ _____ _____ Cash _____ Money Order Date: _____ DATE MAILED: _____