

# ALUMNUS TRANSCRIPT REQUEST FORM

Southern Lehigh High School  
5800 Main Street  
Center Valley, PA 18034

Phone #: 610-282-1421 ext. 7551 ~ Fax #: 610-282-2965

The following information is required to process your request:

**(Please PRINT Clearly)**

Date Requested: \_\_\_\_\_

Name: \_\_\_\_\_

Name While Enrolled @ Southern Lehigh HS: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

(or)

Year of Withdrawal: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name & Address of College/Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please include a \$1.00 fee per transcript**

*I hereby give permission to Southern Lehigh School District to release my high school transcript to the above named organization.*

\_\_\_\_\_

Signature

## INSTRUCTIONS FOR POST GRADUATE TRANSCRIPT

- Please allow a minimum of 15 school days to process request.
- All requests must be submitted in writing, including student signature.
- Make sure request form is completely filled out.
- We MUST have an exact year of graduation and the student's name while enrolled, in order to process your request.