

Transcript Request

Name _____ Date _____

Total number of transcripts requested: _____

I am a student currently attending PTHS:

Grade _____ ID# _____

I will return to the PTHS Counseling Center to pick up my transcript(s).

OR

Please mail to the following colleges/universities:

1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

I am a graduate of PTHS:

Year of Graduation _____ DOB _____ SS# _____
Phone # _____ Name listed at time of graduation (maiden) _____

I will return to the PTHS Counseling Center to pick up my transcript(s). YES

OR

I authorize the following person to pick up my transcript(s).

(Picture ID required): _____

OR

Please mail to the following home address, colleges/universities:

1) _____ 2) _____

\$5.00 processing fee and copy of Graduate's Picture ID Required

Signature: _____

