

**Plymouth Whitemarsh High School**  
**Transcript Request Form**  
(for alumni use only)

For Office Use Only
Date Sent _____

The Colonial School District's policy requires a fee of three dollars (\$3.00) per transcript. Please complete this form and return it to the high school guidance office along with a check or cash. Checks are made payable to Colonial School District. Allow three(3) days for processing.

Please print clearly

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

Date of this request \_\_\_\_\_

Name \_\_\_\_\_  
(last name) (first name) (middle initial)

Address \_\_\_\_\_  
(street address)

\_\_\_\_\_ (city) (state) (zip code)

Date of Graduation \_\_\_\_\_ OR Date of Deletion \_\_\_\_\_

**Organization(s) to which transcripts should be sent:**

_____ (Name of Institution/Organization)
_____ (Street Address)
_____ (City, State, Zip Code)
Attn: _____

_____ (Name of Institution/Organization)
_____ (Street Address)
_____ (City, State, Zip Code)
Attn: _____

I hereby authorize Plymouth Whitemarsh High School to release my transcripts to the above-named institution/(s) and release the high school from all liability and all claims whatsoever pertaining to the disclosure of this information.

\_\_\_\_\_  
(signature)