

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT
REQUEST FOR STUDENT TRANSCRIPTS

TRANSCRIPTS CONTAIN THE FOLLOWING INFORMATION: ALL GRADES 9-12, WEIGHTED GPA AND CLASS RANK, JUNIOR AND SENIOR SAT OR ACT SCORES AND PSSA SCORES.

The Philipsburg-Osceola Area School District is hereby requested to release the transcripts of :

Year of Graduation/Expected graduation _____

Current address: _____

Social Security Number : _____

Unmarried name (IF DIFFERENT FROM ABOVE): _____

ADDRESS(ES) TO SEND TRANSCRIPTS: (OFFICIAL TRANSCRIPTS MUST BE MAILED DIRECTLY TO THE COLLEGE)

College _____ Date application sent _____

College _____ Date application sent _____

College _____ Date application sent _____

College _____ Date application sent _____

Signature _____

Parent signature _____
(required for current students)

Date _____