Transcript Request Form

*Each college application requires a separate form.

*Please allow 7 days for the information to be sent.

A standard \$3 transcript fee is charged for each transcript sent.

Cash or Check Only, made out to TAHS
No Credit or Debit Cards Accepted

(Current students do not need to submit payment for transcript requests.)

The guidance department accepts faxed or mailed requests.

We do not accept Parchment transcript requests.

Please mail or fax completed transcript request form to:

Tamaqua Area High School Guidance Office PO Box 112 Tamaqua, PA 18252 Phone - 570-668-2570 Fax - 570-668-2970

Transcript Request Form

Name:	Date:	Year of Graduation:
(print)		
Maiden Name:		Phone #:
University/College Name:		
College Address: (Or home Address)		(if applicable)
Test information on Transcrip	t (check one):	
Include my SAT scores with	transcript.	
I give the Guidance Office permis	sion to send my high scho	ol transcript.
Signature		Parent Signature (if student is younger than 18 years old)