

# **BEAVER FALLS HIGH SCHOOL TRANSCRIPT REQUEST**

***\*PLEASE ALLOW 24 HOURS TO PROCESS REQUEST.***

***PAYMENT MUST ACCOMPANY TRANSCRIPT REQUEST.***

**Complete the following information:**

**Last Name**

**First Name**

**Maiden Name (if applicable)**

**Date of Birth**

**Year Graduated**

**Mailing Address**

**City, State, ZIP**

**E-mail address**

**Please choose and complete one of the following options.**

**\_\_\_\_\_ Mail my official transcript to:**

**Name/School/Business**

**Attention**

**Address**

**City, State, ZIP**

**\_\_\_\_\_ Fax my transcript to:**

**Name/School/Business**

**Attention**

**Fax number**

**\_\_\_\_\_ I will pick up my transcript.**