

SHARPSVILLE HIGH SCHOOL
301 BLUE DEVIL WAY
SHARPSVILLE, PA 16150
(724) 962-7861
Fax: (724) 962-7864

REQUEST FOR TRANSCRIPT

Student Name: _____ Today's Date: _____

This is to request a transcript of my high school record which may include the following information:
Grades, Attendance, Class Rank, Cumulative Grade Point Average, College Entrance Exam Scores (i.e.:
SAT, ACT) to the following named educational institution, firm, organization or individual. Please list
the places and or persons to which the transcript is to be sent, along with their addresses below:

PLEASE INDICATE BELOW ALL DATES YOU HAVE TAKEN, OR WILL BE TAKING, SATs AND/OR ACTs

SAT/Test dates taken _____

Test dates WILL take _____

ACT/Test dates taken _____

Test dates WILL take _____

****PLEASE NOTE:** We will receive your test scores approximately 4 weeks after your test date.

Most colleges will accept the scores from our transcript, but not all schools do. ***Penn State University Park , and the University of Pittsburgh, and some of the other larger schools do not; therefore, please make sure you have your scores sent directly to them from www.collegeboard.com*** If you do not have them sent directly, it will hold up your acceptance decision.

I authorize the release of my transcripts:

Student Signature _____