

Abington High School  
Guidance Department



**Counselors**

Jessica Coscia  
Sarah McGinness  
Christina Park

## TRANSCRIPT REQUEST FORM

Year of AHS graduation: \_\_\_\_\_ DOB: \_\_\_\_\_

Full name at graduation: \_\_\_\_\_

I, \_\_\_\_\_

Give permission for AHS to:

☐ Send a copy of my official transcript to the name and address listed below.

☐ Provide me with an unofficial copy of my transcript.

☐ Provide me with an official copy of my transcript in a sealed envelope.

☐ Release my transcript to another designated person – listed below.

Name of college, scholarship, work, union or person:

\_\_\_\_\_

Address, City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Contact telephone number: \_\_\_\_\_

**Please email this form to Anne-Marie Padilla at [annemariepadilla@abingtonps.org](mailto:annemariepadilla@abingtonps.org)**

For Office Use Only: Date Sent \_\_\_\_\_