



FARRELL AREA HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please allow **at least 5 business days** for processing from the time the request is received in our office.

Student Information

Current Student

Former/Graduated Student

Name: _____

Date of Birth: ____/____/____

Address: _____

Dates of Attendance: _____

_____ to _____

College(s) Information

Mail to address:

Check if faxing instead of mailing

Fax number: (____) _____ - _____

Number of copies: _____

Mail to address:

Check if faxing instead of mailing

Fax number: (____) _____ - _____

Number of copies: _____

Mail to address:

Check if faxing instead of mailing

Fax number: (____) _____ - _____

Number of copies: _____

Mail to address:

Check if faxing instead of mailing

Fax number: (____) _____ - _____

Number of copies: _____

Student Signature

Date

Guidance Office Use Only:

Date request received: _____ In person Phone call