

**T**ogether -  
**I**nspiring  
**D**edication to  
**E**xcellence

**CURWENSVILLE AREA SCHOOL DISTRICT**   
**GUIDANCE OFFICE**  
650 Beech Street  
Curwensville, PA 16833  
814-236-1100 Fax: 814-236-2392  
www.curwensville.org

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### Transcript Request

On October 15, 1990, the Curwensville Area School District Board of Education set the following policy for payment and distribution of school transcript:

1. Current school-year senior students will be charged \$1.00 for their first transcript and \$.50 for each additional transcript requested during the current school year.
2. All post-graduates will be charged \$1.00 for each and every transcript request.
3. All fees must be paid before a transcript request will be processed.
4. Transcripts are of two types:
  - a. **OFFICIAL** – An official transcript has the official school seal and authorization signature. Official transcripts will be sent directly from the district to the school, agency, employer, etc. that is listed on this request form.
  - b. **UNOFFICIAL** – An unofficial transcript will not have the school seal or authorization signature. This transcript will be stamped as being unofficial.
5. No transcript will be sent without the signature of the person requesting the transcript.
6. The transcript request form below must be filled out **COMPLETELY** by the person making the request.

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I, HEREBY, GIVE MY PERMISSION FOR THE CURWENSVILLE AREA SCHOOL DISTRICT TO RELEASE MY SCHOLASTIC RECORDS TO OTHER SCHOOLS, AGENCIES, COLLEGES, UNIVERSITIES, EMPLOYERS, ETC. AS LISTED BELOW:

**Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_  
First M.I. Last (if applicable)

**Date of Birth** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Send Transcript to:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Graduation/Withdrawal Date** \_\_\_\_\_

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\*\*\*For Guidance Office Use Only\*\*\*

**Included with transcript:** \_\_\_\_\_ Application \_\_\_\_\_ Counselor Form \_\_\_\_\_ Essay(s) \_\_\_\_\_ Recommendation(s) \_\_\_\_\_ Fee (Check # \_\_\_\_\_)  
**Application sent by individual:** \_\_\_\_\_ Yes \_\_\_\_\_ No      **Application filed on-line:** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Transcript fee:** \_\_\_\_\_ \$1.00 \_\_\_\_\_ \$.50 \_\_\_\_\_ Scholarship \_\_\_\_\_ Recruitment \_\_\_\_\_ NCAA Eligibility Center \_\_\_\_\_ S. S. Administration  
**Date completed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_