

NEW HOPE-SOLEBURY HIGH SCHOOL
182 West Bridge Street
New Hope, PA 18938

GRADES 9 THROUGH 11

TRANSCRIPT REQUEST AND RELEASE FORM

NAME: _____ DATE: _____
(Please print clearly)

We are hereby requesting that the student's official high school transcript be sent to the location listed below.

PLEASE SEND A COPY OF MY OFFICIAL HIGH SCHOOL TRANSCRIPT TO:

Name (no abbreviations please) and Address of Institution:**

**** Please make sure that you have verified the mailing address.**

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____