

**NORTHERN LEBANON HIGH SCHOOL
GRADUATE TRANSCRIPT REQUEST**

Graduated or former student requesting a transcript

Phone: (717) 865-2117 ext. 13514

Fax: (717) 865-3761

www.norleb.k12.pa.us

Student Name: _____ DOB: ____/____/____
LAST FIRST MI MM DD YYYY

Maiden Name: _____ Last 4 Digits of SSN: _____

Graduation Year: _____ or Last Year Attended: _____

Mailing Address: _____ Daytime Phone #: _____

_____ Email Address: _____

(Check all that apply)

Please mail an OFFICIAL COPY of my transcript to: (List all addresses below. Use the back of this form if additional space is needed.)

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Address: _____ **Address:** _____

City: _____ **State:** _____ **City:** _____ **State:** _____

Zip: _____ **Zip:** _____

I want to pick up an OFFICIAL COPY: _____

Pick up date/time (please allow two business days for processing)

Please EMAIL an UNOFFICIAL COPY to: _____

Please FAX an UNOFFICIAL COPY to: _____

Organization Name

Fax Number

I approve the release of my High School records: _____

Signature

Date

Please complete this signed form and mail or fax to:

Northern Lebanon High School Guidance Office

345 School Drive

Fredericksburg, PA 17026

FAX: (717) 865-3761

Additional Comments: _____

OFFICE USE ONLY

REQUEST RECEIVED: _____

REQUEST PROCESSED: _____