

WEST YORK AREA HIGH SCHOOL
 Counseling Center
 1800 Bannister Street
 York, PA 17404
 Phone: 717-845-6634 Fax: 717-845-6512

High School Graduate Transcript Request

Student Name: _____ Class of: _____

Maiden name (if applicable): _____ Date of birth: _____

Current Address: _____ Phone number: _____

Did you graduate from:

West York High School	
York Adams Academy	
York County High School	

Send High School Graduate Transcript to: _____
 Address: _____

Select:

OFFICIAL TRANSCRIPT: Counseling Center will mail to Colleges, Universities and post-secondary. <i>(Will contain an official School Seal.)</i>	
UNOFFICIAL TRANSCRIPT: Transcript will be mailed or given to the graduate for job verifications or personal use. <i>(Will be stamped as unofficial.)</i>	

PROCESSING FEE IS \$2.00 (per transcript)
Cash, check or Money Order only

Please sign, date and return the completed form along with cash, check or money order to the West York Counseling Center **at least 10 school days prior to any deadline to allow for processing and mailing time.**

Signature: _____ Date: _____