

GRADUATE TRANSCRIPT REQUEST

NAME \_\_\_\_\_

SCHOOL – Please check school you graduated/withdrew from:

- Strath Haven High School
- Nether Providence High School
- Swarthmore High School

YEAR GRADUATED \_\_\_\_\_

WITHDRAWAL DATE \_\_\_\_\_

NAME AT TIME OF ATTENDANCE \_\_\_\_\_

SEND TRANSCRIPT

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_