

Stroudsburg High School Guidance Office

1100 West Main Street / Stroudsburg, PA 18360 / Phone 570-421-1991 / Fax 570-424-2996

Transcript and Grade Requests

Student Name: _____ Today's Date: _____ Phone # _____

Grade: _____ Year of Graduation: _____ Student ID #: _____ DOB _____

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Please check the following items that must be attached to your transcript / report card:

- Completed Application Completed Essay
- Application Fee Counselor Reference
- Teacher References

list names of teachers (if any) submitting letters of recommendation here:

Check here ONLY if your application has been filed electronically.

Check here to indicate the information that needs to be sent:

- Official Transcript – deadline _____
- First Quarter Grades – deadline _____
- Mid-year grades – deadline _____
- Final grades – deadline _____

If this is a college application, please indicate the type of application by checking one of the following options:

- Early Decision Early Action Regular Decision Rolling Admissions

You MUST record the name and address of the school or scholarship where your transcript is to be sent:

Name of college, university or scholarship: _____

Mailing Address _____

Parent or student (Age 18 or above) signature required: _____

For Office use only:

Hold for: _____

Date Mailed : _____
