

CHS TRANSCRIPT REQUEST

Please print out and complete this form. See additional instructions below.

Name at Graduation: _____

Year of Graduation: _____

Or, Year of Withdrawal/Transfer: _____

Date of Birth: _____

Official Transcript: _____ Unofficial Transcript: _____

Email address: _____

Phone #: _____

Mailing Address: _____

Please mail or drop off your request to: CHS Transcript Secretary
Cheltenham High School
500 Rices Mill Road
Wyncote, PA 19095

Please include \$2.00 cash or money order with your request. Please let us know if you would like to pick up your transcript (we will call you) or if you would like us to mail it out to you (no charge).

Transcripts can take up to 5 business days to process.