



500 Rices Mill Road, Wyncote, PA 19095
215-517-3700

TRANSCRIPT REQUEST

Name: _____ Maiden Name: _____

Phone Number: _____ Date of Birth: _____

Graduated: Yes _____ Year Graduated: _____

No _____ Dates Attended: _____

Official Transcript _____ Unofficial Transcript _____

Send transcript to: _____

Date: _____ Signature: _____

There is a \$2.00 fee for each transcript. If paying by check/money order, please make payable to Cheltenham School District (CSD).