



## REQUEST FOR HIGH SCHOOL TRANSCRIPT RELEASE

Please forward an OFFICIAL COPY of my HIGH SCHOOL transcript to:

Office of Admissions  
Susquehanna University  
514 University Avenue  
Selinsgrove, PA 17870

PLEASE PRINT

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Name

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Name appearing on transcripts (if different from above)

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Current Address

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City

State

Zip

---

Phone (include area code)

Date of Birth

Thank you for your prompt attention to this request.

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Signature

Date

**PLEASE ENCLOSE IN A STAMPED ENVELOPE AND SEND TO YOUR HIGH SCHOOL**