



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

Name

Name appearing on transcripts (if different from above)

Current Address

City

State

Zip

Phone (include area code)

Date of Birth

Thank you for your prompt attention to this request.

Signature

Date

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