



YORK ADAMS ACADEMY

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TRANSCRIPT REQUEST FORM YORK COUNTY HIGH SCHOOL GRADUATES

PLEASE SEND AN OFFICIAL COPY OF MY FINAL TRANSCRIPT TO:

NAME OF COLLEGE, BUSINESS SCHOOL, etc.: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

IDENTIFYING INFORMATION (PLEASE PRINT):

NAME AS IT APPEARS ON SCHOOL RECORDS (PLEASE LIST MAIDEN NAME):

CURRENT ADDRESS: _____

DATE OF BIRTH: _____

YEAR OF GRADUATION FROM YORK COUNTY HIGH SCHOOL: _____

DATES OF ATTENDANCE (If you did not graduate): _____