

JOHNSONBURG AREA HIGH SCHOOL

315 High School Road
Johnsonburg, PA 15845
Phone (814) 965-2556, Fax (814) 965-2776

**Please hand deliver, fax or e-mail (cheryll@jasd.k12.pa.us)
signed copy back to school**

REQUEST FOR TRANSCRIPT

DATE: _____

Graduation Date: _____

Birth Date: _____

I hereby authorize Johnsonburg Area High School to release an official copy of my transcript.

Printed Name _____
Last Name First Name Middle Name Maiden Name

Street Address _____

City, State, Zip _____

Telephone: _____

Please mail an official copy of my transcript to:

Signature: _____