



CLEARFIELD AREA JUNIOR/SENIOR HIGH SCHOOL
ATTN: GUIDANCE DEPT.
2831 WASHINGTON AVE.
CLEARFIELD, PA 16830
814-765-5511 EXT. 2500 • Fax: 814-765-2405
www.clearfield.org

TRANSCRIPT REQUEST FORM

The following is the procedure for requesting a Clearfield Area High School transcript:

1. Transcripts are of two types:
 - a. OFFICIAL – An official transcript has the official school seal and authorization signature. Official transcripts will be sent directly from the district to the school, agency, employer, etc. that is listed on this request form.
 - b. UNOFFICIAL – An unofficial transcript will not have the school seal or authorization signature. This transcript can be emailed.
2. No transcript will be sent without the signature of the person requesting the transcript.
3. The transcript request form below must be filled out completely by the person making the request and can be mailed, emailed (dixonk1823@clearfield.org), or faxed to the Guidance Dept. Secretary.

Clearfield Area High School is hereby requested to release the transcripts of:

Name: _____
First M.I. Last

Maiden Name: _____
(if applicable)

Graduation/Withdrawal Date: _____

Date of Birth: _____

Home Address: _____

Home Phone Number: _____

Cell Phone Number: _____

EMAIL: _____

SEND TRANSCRIPT TO: _____

SEND TRANSCRIPT TO: _____

Signature: _____

Date: _____

For Guidance Office Use Only

Date Completed: ____/____/____ Sent by: _____