

Canon-McMillan High School
314 Elm Street
Canonsburg, PA
724-873-5166 Fax 724-873-5173
Email – wrubleskim@cmsd.k12.pa.us

OFFICE USE ONLY	
Picked up	_____
Mailed	_____
Faxed	_____
Emailed	_____

TRANSCRIPT REQUEST GRADUATES & FORMER STUDENTS

In compliance with the Family Education Rights and Privacy Acts, this form must be signed on the bottom either by the applicant or if the applicant is younger than 18, by the parent or guardian.

- Fill out entire form – you need one form for each school to which you are sending a transcript.
- You may return it by mail, fax, or bring the completed form to the guidance secretary at the above address. You may also fill out the form, scan it and email it to me at the above email address.
- There is no fee for the transcript.

First and Last Name _____ Maiden Name _____

Email Address _____ Birthdate _____ Graduation Year _____

Current Address: _____ PO Box _____

City _____ State _____ Zip Code: _____

If you withdrew or quit school, please give withdrawal year and last grade attended _____

Please Release The Above Information To:

_____ College/University _____ Employer _____ Former Student (at above address) _____ Other

School/Employer _____

Address: _____

School/Employer: _____

Address: _____

School/Employer: _____

Address: _____