

Berwick Area School District  
500 Line Street  
Berwick PA 18603  
(570) 759-6400

Please fax form to 570-759-7019 or mail to the address above, Attn: Child Accounting.

**INFORMATION NEEDED TO REQUEST TRANSCRIPTS**

NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF GRADUATION OR WITHDRAWAL: \_\_\_\_\_

**PLEASE CHECK INFORMATION YOU ARE REQUESTING:**

TRANSCRIPTS ONLY

ALL RECORDS

HEALTH RECORDS

**PLEASE LIST CONTACT INFORMATION FOR WHEN RECORDS ARE READY FOR PICKUP:**

\_\_\_\_\_

**IF REQUESTING MAILING OF TRANSCRIPTS, PLEASE GIVE COMPLETE ADDRESS TO SEND THE TRANSCRIPTS:**

\_\_\_\_\_

\_\_\_\_\_

THE RECORDS WILL BE PROCESSED WITHIN 7 TO 10 BUSINESS DAYS OF YOUR REQUEST.

DATE: \_\_\_\_\_