CARLISLE HIGH SCHOOL
Transcript Request Form
(For Use by CHS Graduates ONLY) *

First Name: _____  Middle Initial: _____  Last Name: _____

Maiden Name: _____

Address: _____

City: _____  State: _____  Zip Code: _____

Day Time Phone Number: _____

Date of Birth: _____

Are you a Carlisle High School graduate?  □ YES  □ NO

Year of Graduation or Last Attendance: _____

☐ Unofficial transcript to student. (No Charge)
☐ Official transcript to college or university. ($3.00 fee)

For each official transcript requested. Do NOT send cash. Check or money orders may be made payable to the Carlisle Area School District. Official transcripts will NOT be sent to students.

Send Transcript to (college or university):
Complete Name: _____

Address: _____

City: _____  State: _____  Zip Code: _____

Your Signature: ________________________________________  Date: __________________

Please mail this completed Transcript Request Form and payment to:
Carlisle High School – McGowan Counseling – Transcripts
540 W. North St.
Carlisle, PA 17013-2298

Please allow 10 school days for transcripts requests to be processed. If you would like to receive a confirmation that your transcript request has been processed, please enclose a stamped, self-addressed envelope.

*Current students should visit the McGowan Building Counseling Center to request transcript.