



Transcript Request Form

Transcript requests must be made in writing and must include the student signature. You may make requests via fax, mail or in person. Please contact the high school office at 814-239-5141 if you have any questions.

Fax Number: 814-239-8949

Mailing Address: Claysburg-Kimmel High School 531 Bedford Street Claysburg, PA 16625

Please complete the form below and sign.

Student Name:

Maiden Name or Name Used when Attending:

Graduation Year: _____

Contact Phone Number: _____

Address to which you want the transcript mailed to:

Signature: _____

Date: _____

