

TRANSCRIPT & LOST DIPLOMA REQUEST FORM

**EASTERN YORK HIGH SCHOOL
COUNSELING DEPARTMENT
P. O. BOX 2002
WRIGHTSVILLE, PA 17368
PH: 717-252-1551 Ext 60520 FAX: 717-252-6201
e-mail:dsullivan@eyork.k12.pa.us**

Note: Requests may take up to 7 days to process.

Lost Diploma; A replacement Diploma is not available; we will provide you with verification of graduation in official letter form.

_____	_____	_____
Full legal name of student	Date of Birth	Year of Graduation
_____	_____	_____
Address	Phone	Email Address
_____	_____ / _____	_____
City	State Zip	Maiden Name
Transcript to be released to the following College(s)		

I understand that the recipient of the record(s) will use the material for legitimate purposes only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my written consent except under authority of Public Law 93-380. Educational Rights and Privacy Act.

Signature of Parent/Legal Guardian or Student, if 18 or older

Date

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