



# The School District of Lancaster

**Central Records Office**

**251 South Prince Street, 3<sup>rd</sup> Floor**

**Lancaster, PA 17603**

**Phone: 717.291.6244**

**Fax: 717.735.1497**

**Office Hours: Monday—Friday (8:00a.m.—4:00p.m)**

## Request for Transcript

Current Name: \_\_\_\_\_ Date Requesting: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Initial)

Name while attending High School: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Please circle: Graduation Withdrawal Last Year Attended: \_\_\_\_\_

Forward Transcript To (circle all that apply): Mail Fax Number: \_\_\_\_\_

Name of Institution/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please Note: A \$5.00 FEE is Required at the time of the request for each copy.**

**Cash or Money Order ONLY**

**Money Orders Payable to: The School of District of Lancaster (SDoL)**

**Please allow up to four(4) business days of receipt for processing.**