Pennsylvania Leadership Charter School
Transcript Request Form RFR0809-B

Today's Date:_____

Personal Information:

Name:_____
Last First Middle

Birth Date:_____

Graduated Date or Expected Graduation Date from PALCS:_____
OR
Withdrawal Date from PALCS:_____

Do you want a copy sent to yourself: ☐ YES ☐ NO

Contact Information:

Current Address: _____

_____

_____

Daytime Phone Number (including area code): _____

Send Transcript to:
College and/or Employer Name(s) and Address(es) (up to four per form):

1) _____ 2) _____

_____ _____

_____ _____

_____ _____

3) _____ 4) _____

_____ _____

_____ _____

_____ _____

Authorization to Release Information:

Student's signature: _____
This signature authorizes the release of my transcript which includes all grades and standardized test scores to be forwarded as requested.

Parent's signature: _____
This signature authorizes the release of my child's transcript which includes all grades and standardized test scores to be forwarded as requested.

Please allow up to two weeks for this form to be processed and sent out to the appropriate place(s). You may mail or fax the Transcript Request Form to our school.

Mailing Address: Pennsylvania Leadership Charter School
Attn: Debra Berbaum
1332 Enterprise Drive
West Chester, PA 19380
Fax Number: (610) 701-3339 Attn: Debra Berbaum
Questions? Please call Debra Berbaum, Director of Guidance: (610) 701-3339 ex. 1003