

THERE IS A \$5.00 CHARGE FOR EACH TRANSCRIPT REQUESTED

**GREAT VALLEY HIGH SCHOOL
COUNSELING DEPARTMENT
225 NORTH PHOENIXVILLE PIKE
MALVERN, PA 19355
610-889-1918, EXT. 1930
GVHSCounseling@gvsd.org**

TRANSCRIPT REQUEST – GVHS GRADUATE

Name: _____

Date of Birth: _____ Year of Graduation: _____

Contact Information: _____

Please list below the name and address of where you would like your transcript to be sent:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE NOTE: ALL SAT/SAT SUBJECT TESTS/AP/ACT TEST RESULTS MUST BE SENT DIRECTLY FROM EITHER COLLEGE BOARD OR ACT TO THE COLLEGE/UNIVERSITY.

*Official transcripts are those mailed or sent directly to an institution from Great Valley High School. Faxed transcripts and those sent directly to former students are considered unofficial.