

**ALTOONA AREA HIGH SCHOOL
TRANSCRIPT RELEASE RECORD**

Student ID Number _____

Please Print

Name _____
Last First Middle Maiden Name

Present Address _____
City State Zip Code

Date of Birth _____ Social Security No. _____

Year You Were Graduated or Withdrew from AAHS _____

Signature _____

PLEASE SEND MY TRANSCRIPT TO:

Complete Mailing Address _____

Initial _____

Office Use-Date Mailed _____

Complete Mailing Address _____

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Office Use-Date Mailed _____

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