

Alumni Transcript Request Form

**SAUCON VALLEY HIGH SCHOOL
2100 Polk Valley Road
Hellertown, PA 18055
Phone # 610-838-7001 Fax # 610-838-5479**

The following information is needed to process your request.
(Please PRINT clearly)

Name while enrolled at SVHS _____

Year of Graduation _____ or Year of Withdrawal _____

Date of Birth _____ Phone Number _____

Name & Address of college or business _____

Fax # or email to send transcript _____

Typically, requests are filled within 48 hours.

Email requests to vicki.schuller@svpanthers.org

Mail requests to:
Saucon Valley High School
Counseling Office
2100 Polk Valley Road
Hellertown, PA 18055

* I hereby give permission to Saucon Valley School District to release my high school transcript to the above named organization.

Signature _____ Date _____