

**CUMBERLAND VALLEY SCHOOL DISTRICT
High School Records Request Form**

OFFICE USE ONLY

Date Rec'd	Amount Received
	\$

Date Processed

Guidelines:

- Type or clearly print in ink. Complete all requested information
- Enclose required fee-CASH, MONEY ORDER OR CASHIER'S CHECK ONLY. **NO PERSONAL CHECKS.** All fees non-refundable
- Forward completed form and payment to: Cumberland Valley High School, Guidance Office, 6746 Carlisle Pike, Mechanicsburg, PA 17050.
- Please allow 5-7 business days for processing. All transcripts will be mailed - NO FAXES

Step 1: CVHS GRADUATE/STUDENT INFORMATION

Current Name (Last, First, M.I.)		Name used while in attendance at CVHS		Birth date (mm/dd/yyyy)	
Current Street Address			City/State		Zip Code
YEAR OF GRADUATION			High School Program (Fill in block completely where applicable)		
			<input type="checkbox"/> CVHS Graduate <input type="checkbox"/> Achieve Adult Diploma (CVHS) <input type="checkbox"/> Did Not Graduate		

OFFICIAL TRANSCRIPTS WILL BE SENT DIRECTLY TO COLLEGE OR EMPLOYER - \$5.00/copy
Other CVHS records may be mailed or picked up by requestor - \$.25/page

Step 2		Step 3	
RECIPIENT(S):		PAYMENT: Money Order, Cashier's Check, Cash Only – NO PERSONAL CHECKS	
1 st College/Employer/Self	Name of Person/Department		_____ # of TRANSCRIPTS @ \$5.00 each = \$ _____ _____ # of PAGES @ \$.25 PER PAGE = \$ _____
	Name of College/Employer		
	Address		
	City State Zip Code		
2 nd College/Employer/Self	Name of Person/Department		_____ # of TRANSCRIPTS @ \$5.00 each = \$ _____ _____ # of PAGES @ \$.25 PER PAGE = \$ _____
	Name of College/Employer		
	Address		
	City State Zip Code		
Step 3A		TOTAL FEES DUE	
		\$ _____	

Step 4 SIGN (Use black or blue pen)

By signing, I certify that I am the above student requesting my CVHS record(s). I have completed Steps 1-3A accurately and enclosed the correct fees. I understand that fees are nonrefundable. I also understand that this application will be returned if incomplete.

Signature:(Required)	Date:
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