

Final Transcript Release

Please provide the following information for transcript release.



Date: _____

Students Name: _____
(Please Print)

PHS ID Number: _____

Please send my FINAL TRANSCRIPT to the following school:

School Name: _____

Address: _____

City/State/Zip: _____

Students Signature: _____

Your final transcript will not be sent out without the school's address and your signature.

Also most colleges require a copy of your Immunization Record. Please stop and see the nurse before the end of the school year to get a copy of your records.