

Union Area High School  
2106 Camden Avenue  
New Castle, PA 16101

Transcript Request

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Graduated \_\_\_\_\_

I hereby authorize the Union Area School District to release the following contents of my records to the following:

Name and Address of Institution <i>{Address Required}</i>	Date Applied	Check if using the Common Application
1. _____		()
2. _____		()
3. _____		()
4. _____		()
5. _____		()
6. _____		()

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_