

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. _____		()

SAT-include yes no
ACT-include yes no

SAT----Date of test to be included on transcript: Date of test: _____ Date of test: _____

ACT----Date of test to be included on transcript: Date of test: _____ Date of test: _____

Student's Signature _____ Date _____