



Southeast Delco School District

ACADEMY PARK HIGH SCHOOL

300 Calcon Hook Rd., Sharon Hill, PA 19079

Office 610-522-4330 Fax 610-522-4339

Mr. William Vogt
Principal

Mr. Tyrone Rorie, *Assistant Principal*
Mrs. Stefanie McDevitt, *Assistant Principal*
Mr. Jeffery Esposito, *Assistant Principal*

ALUMNI TRANSCRIPT REQUEST FORM

Student Name (Time of Graduation): _____

D.O.B: _____

Year of Graduation: _____

Email/Phone: _____

I give SOUTHEAST DELCO permission to send my official transcript to the name and address identified below. I understand \$5 cash fee per copy.

Signature and Date

WHERE TRANSCRIPTS SHOULD BE SENT
(Name and Address)

- ☐ *Official Signed Copy*
☐ *Unofficial Unsigned Copy*