



PA Leadership Charter School Transcript Request Form Directions

Processing Time Frame:

- Transcript requests are processed in the order in which they are received. Please allow up to two weeks for transcripts to be completed and sent. PALCS does not charge a fee for transcript requests.

Official & Unofficial Transcripts:

- Official and unofficial transcripts require the same processing time frame. Official transcripts must be sent by mail in a sealed envelope to the school or college. If the school in which you are applying is willing to accept official transcripts by email or fax, please provide the fax number or email address on the "Transcript Request Form." (Do not assume that colleges will accept a faxed or emailed transcript. Please check with them before requesting this option. Many do not accept it this way.)
- When requesting a copy of your transcript for yourself, you will receive an unofficial transcript emailed to the email address provided on the request form. If you would prefer a copy to be mailed to your home, please notate this on the form.
- SAT/ACT scores will not be included on transcripts from PALCS. Students may request their official scores from www.Collegeboard.com to be sent to the college(s) which they are applying to.

Returning Transcript Request Form:

The transcript request form may be returned by: mailing, faxing or taking a picture and emailing it to me.

Mailing Address:	Fax Number:	Email:
PA Leadership Charter School Attn: Denise Durant 1332 Enterprise Drive West Chester, PA 19380	(610) 701-3339	ddurant@palcs.org
Questions: Please call Denise Durant @ (610) 701-3333 Ext. 1340		



PA Leadership Charter School Transcript Request Form

Name: _____
Last First Middle

Birth Date: _____

Current Address: _____

Daytime Phone #: _____

Graduation Date/Expected Graduation Date: _____

~ or ~ Withdrawal Date: _____

Send Transcripts To:

(School/College Names and Addresses up to four per form)

1.) _____
(College/School Name)

2.) _____
(College/School Name)

3.) _____
(College/School Name)

4.) _____
(College/School Name)

Do you want an unofficial copy sent to yourself? Yes No (If yes, please provide email address below)

For Email Confirmation: _____

Authorization to Release Information:

Student's signature: _____
(This signature authorizes the release of my transcript to be forwarded as requested.)

Date: _____

Parent's Signature: _____
(if under 18) (This signature authorizes the release of my child's transcript to be forwarded as requested.)

Date: _____