

Gateway High School

Alumni Transcript Request

Request for Transcript (ALUMNI)	
Request for the Record of (Name used while in school)	
Year of Graduation	
Address while in attendance	
Present Address	
Current Telephone Number	

PERMISSION FOR RELEASE OF RECORDS			
<i>Please √One Option then Sign and Date</i>			
	<u>GATEWAY HIGH SCHOOL GRADUATE</u> (Alumni) – I, the above-named person, having attained the age of eighteen years, do hereby request and give permission to release information and data from my record.		
	<u>PARENT/GUARDIAN ONLY</u> – I, the undersigned, as parent or legal guardian of above-named person, do hereby request and give permission to release information and data from above-named person’s record.		
Signature		Date	

Transcript is to be emailed, mailed, OR faxed to person/place requesting it. (Please PRINT neatly and complete all information below.)	
School / Agency	
To the Attention of	
Street Address or Box #	
City / State / Zip Code	
Fax Number	

OR

I am requesting transcript be sent to myself via email at _____
(your email address)

IMPORTANT: Once this form is completed and signed, please **EMAIL** to kmanso@gatewayk12.org or fax to 412-858-1074. **Transcripts will automatically be processed within 10 business days of receipt.**