

## REQUEST FOR OFFICIAL TRANSCRIPT

This form is to ensure that all pertinent information is supplied so that we may process this request in a timely manner. Upon receipt of this form and a check for \$ 5.00, a sealed official transcript will be sent from our organization directly to the specified party according to the information provided below. *(If you are sending to more than one institution/organization, make extra copies of this form.)*



---

**Susquehanna Valley Homeschool Diploma Program, Inc.**  
**484 Pleasant View Road**  
**Hummelstown, PA 17036**

Request date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Graduation (include year): \_\_\_\_\_

Enclosed is a check for \$ 5.00. Please send an official SVHDP transcript to:

Institution/Organization Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

---

*Official Use Only:*

**Date request received:** \_\_\_\_\_

**Date transcript sent:** \_\_\_\_\_

**Notes:** \_\_\_\_\_