



Solanco School District
Solanco High School
Connecting • Inspiring • Empowering



W. Scott Long
Principal

Brian A. Bliss, Ed. D.
Superintendent

Date: _____

To Whom it May Concern:

There will be a \$3.00 fee for each transcript request of graduates of Solanco High School. Please fill out the form below and mail with cash or money order made payable to Solanco High School (NO PERSONAL CHECKS). When payment is received the transcript request will be processed as quickly as possible. Requests should be mailed to the Guidance Office, Transcript Request, Solanco High School, 585 Solanco Road, Quarryville, PA 17566.

If the transcript will be mailed to the former student it will be stamped **“unofficial”**. If the transcript will be mailed directly to a school, college or employer, it will be an **“official”** school transcript with the school seal.

If you have any questions about transcripts please call the guidance office at 786-2151, extension 8009.

Sincerely,

Kelly Shumaker, Lead Counselor

Name: _____

Year Graduated: _____

Maiden Name if Married: _____

Transcript should be mailed to: _____

Address: _____

City, State, Zip: _____

Signature: _____