

# SOLANCO HIGH SCHOOL COUNSELING DEPARTMENT

585 Solanco Road  
Quarryville, PA 17566

717-786-2151 x 8009  
717-786-1808 – Fax

Patricia McTaggart A - G  
Kelly Shumaker H - P  
Grace Callirgos Q - Z

## ALUMNI TRANSCRIPT REQUEST

A fee of \$3.00 – Cash or Money Order ONLY is required for EACH transcript request.  
Failure to provide the required fee will result in a processing delay.

Please complete the transcript request form and then return it to the high school

Via one of the following options:

Mail – Solanco HS 585 Solanco Road, Quarryville, PA 17566 Attn: Transcript Request

Email – [rhonda\\_beane@solancosd.org](mailto:rhonda_beane@solancosd.org)

Fax – 717-786-1808

Drop off at High School main office (Monday-Friday 8:00 a.m. – 3:00 p.m.)

Should you have any questions, please feel free to contact us at 717-786-2151 x 8009

**Please Print the following information:**

Date: \_\_\_\_\_

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

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

Maiden Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Transcript should be sent to:**

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

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

City, State, Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_ Attn: \_\_\_\_\_

Note: Official Transcript means the transcript will have the school seal. Official transcripts must be mailed directly to the college/university, scholarship or employment facility requesting the information.  
An Official transcript will not be released to an individual under any circumstance.