

Transcript/Letter of Graduation Request Form

Please fill out the form and include which request(s) you would like and include the exact address to which the Transcript/Letter of Graduation should be sent. Send \$5.00 per Transcript/Letter of Graduation requested for payment along with the completed form to the following address:

Upper Darby High School, 601 N. Lansdowne Ave, Drexel Hill, PA 19026, Attn: Transcript Request Office

All recent graduates have a one-year period to receive a free transcript (e.g. June 2019 graduates have until June 2020 to receive a free transcript.)

First Name:	_MI:	Last Name:
Maiden name or Last name while atten	ding UDH	S:
Date of Birth:		
Year of graduation:	or	Withdrawal date:
Contact Information (phone/email):		
 Unofficial Transcript (without UD set Letter of Graduation - For those who Send Transcript/Letter to this address: 	Will <u>only</u> be eal) - Maile no have mis	e mailed to schools/colleges/universities d to home address
Signature:		Date:
This process will take two to three busin Guidance Office between the hours of 7	-	to complete. For any questions please call the nd 3:00 p.m. at 610-622-7000 ext 2307.

To submit via email please send completed form to transcriptrequests@upperdarbysd.org