



FAX TRANSMITTAL

WHEN COMPLETED, FAX THIS DOCUMENT TO:

DAY SCHOOL GRADUATES TRANSCRIPTS ONLY FAX# 610-371-8683

NIGHT SCHOOL GRADUATES TRANSCRIPTS FAX# 610-371-4307

Due to the large volume of requests, processing time is 5-7 days. Thank you.

TO REQUEST TRANSCRIPTS (PLEASE PRINT CLEARLY):

NAME _____

NAME USED WHILE ATTENDING READING HIGH _____

GRADUATED OR LEFT SCHOOL, GIVE YEAR GRADUATED OR LEFT SCHOOL _____

DATE OF BIRTH _____

A PHONE NUMBER I CAN REACH YOU IF I HAVE ANY QUESTIONS: _____

NAME and ADDRESS OF WORKPLACE OR SCHOOL transcripts should be sent to:
(Please make sure that I have the correct name and address.)

FAX NUMBER IF APPLICABLE, see explanation below _____

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