

Transcript/Records Request

Payment must be made with request. Cash, Money Order or Online Payment ONLY
<https://www.sphscounselingcenter.com/pay-transcript-fees>

Name (at time of graduation or withdrawal): _____

Date of Birth: _____ **Year of graduation or withdrawal:** _____

Phone Number: _____ **Email Address:** _____

_____ Transcript Request (\$2 per transcript)

_____ Records Request: _____ IEP/504 (\$0.25 per page)
_____ cumulative file (\$0.25 per page)

Student Signature _____ **Date** _____

Parent Signature (for current students) _____ **Date** _____

Records to be (please check one):

- ☐ Hand carried (picked up in the Counseling Center)
- ☐ Mailed to address(es) listed below

College/University/Organization **Deadline Date** **Address/Email**

This form may be mailed to the SPHS Counseling Center or emailed to JBesche@AACPS.org
Severna Park High School Registrar • 60 Robinson Road • Severna Park, MD 21146

For Office Use Only:

Date Received: _____ Date Processed: _____ Amount Paid: \$ _____

