



REQUEST FOR HIGH SCHOOL TRANSCRIPT FORM  
(Return to your High School)

FORM B

APPLICANT: If you are presently in high school, take this form to your high school guidance counselor. If you are not in high school, either mail or take this form to the high school from which you graduated or attended. If you have earned a high school equivalency diploma, you do not have to obtain a high school transcript for your Seminary records. Rather than use this form, you should submit a copy of your high school equivalency diploma to the Seminary Admission Office.

PLEASE PRINT OR TYPE CLEARLY:

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Former Name (or any other name by which your high school record may be identified): \_\_\_\_\_

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

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

Address when last attending school (if different from above:)

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

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

Name of High School: \_\_\_\_\_

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

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

Years Attended: From \_\_\_\_\_ To \_\_\_\_\_

Please Check:

Expect to Graduate  Did Graduate: Date of Graduation \_\_\_\_\_  Did not Graduate

Program of Study that you wish to pursue at St Tikhon's Seminary: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

HIGH SCHOOL GUIDANCE/RECORDS OFFICE:

Please mail the above-named student's transcript to: Office of Admissions ✕ St. Tikhon's Orthodox Theological Seminary ✕ PO Box 130 ✕ South Canaan, PA 18549-0130

PLEASE NOTE THAT WE ARE UNABLE TO ACCEPT TRANSCRIPTS HAND-DELIVERED BY STUDENTS. Thank you.