

PHS PAST STUDENT REQUEST FOR OFFICIAL TRANSCRIPT

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Mail, Fax or Email Request:

PHS
Attn: Guidance
12485 Southern Connector Blvd
Lusby, MD 20657
Phone: 443-550-8855: FAX: 410-286-4037

In order to expedite your request, scan your request & email to:
Mrs. Heamstead, Guidance Secretary, heamsteadt@calvertnet.k12.md.us or
Registrar, Mrs. King, at kingk@calvertnet.k12.md.us

First Name: _____ Middle Name: _____ Last Name (Maiden): _____

Year of Graduation: _____ Date of Birth: _____ Last 4 SSN or Student ID: _____

Phone Number: _____ Email address: _____

Transcript is needed for:

College Application Scholarship Application Job Application

Other _____

Number of Copies: _____ @ \$3.00 each

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