



Charter High School for Architecture + Design

REQUEST FOR OFFICIAL TRANSCRIPT
THIS FORM MAY BE DUPLICATED

PLEASE PRINT

Name: First Middle Last

YEAR OF GRADUATION OR WITHDRAWAL DATE

Current Address: Street Apartment or Unit Number
City State Zip Code

Phone Number:

MAIL OR FAX A TRANSCRIPT TO:

- 1) 2) 3) 4)

Signature: Date:

Mail Request to: Charter High School for Architecture + Design
Registrar
105 South 7th Street
Philadelphia, PA 19106
Email: CRecords@chadstaff.org
Fax Number: (215) 351-9458

Please allow 1 – 2 business days for processing.