



REQUEST FOR OFFICIAL TRANSCRIPT(S) OR REPLACEMENT DIPLOMA

Wyncote Academy | Main Office
Records, 7613 Old York Rd.
Melrose Park, PA 19027
Ph: (215) 885-2000 | Fax: (215) 885-7417
Email: chays@wyncoteacademy.org

TRANSCRIPT and DIPLOMA REQUEST FORM INSTRUCTIONS

Please read the instructions carefully before proceeding. Form is on Page 2.

- WEBSITE:** Please visit our website for more information on ordering transcripts: <http://wyncoteacademy.org>
- PROCESSING:** Our typical processing time is 5-7 business days. End of semester grades are typically posted 5 business days after the last day of finals. Degrees may be posted up to 10 business days after the last day of finals. Please feel free to contact us regarding the status of your request. We mail using United States Postal Services (USPS) only. Transcripts will be mailed with USPS First Class Postage unless you indicate otherwise.
- FEES:** All fees must be paid in advance of transcript/diploma production. Current fee schedule is as follows:
- | | |
|---|----------------------------|
| <i>Transcript mailed to student, up to three per request</i> | <i>\$10.00 each</i> |
| <i>Transcript mailed to institution, First Class Mail, one copy</i> | <i>\$15.00 per address</i> |
| <i>Priority shipping, U.S. Postal Priority (3-day)</i> | <i>\$15.00 per address</i> |
| <i>Express shipping, U.S. Postal Priority Express (2-day)</i> | <i>\$40.00 per address</i> |
| <i>Replacement Diploma, one only</i> | <i>\$50.00</i> |
- HOLDS:** Your account must be cleared of all holds before a transcript can be issued. For information on clearing billing holds contact our Business Manager at 215-885-2000.
- PARTIAL:** If you graduated from Wyncote Academy, a transcript of your complete 9th -12th grade record will be issued. If you attended Wyncote Academy for grades 9 -12, but did not graduate, a partial transcript will be issued for those terms that you attended Wyncote.
- ELECTRONIC:** Wyncote Academy cannot issue electronic transcripts or diplomas. We cannot email copies of transcripts or diplomas.
- UNOFFICIAL:** We do not produce unofficial transcripts.

Failure to complete any of the fields below may delay or prevent your request from being processed:

- Current full name and former name, if applicable
- Signature (*typing your name in the signature field does NOT qualify as a signature*)
- Date of birth
- Billing address
- Daytime phone number
- Complete address to which your transcript(s) will be mailed. Our office does not provide addresses.
- Payment information. Checks for the full amount made payable to Wyncote Academy. Do not mail cash.

SUBMISSION INSTRUCTIONS

Transcript request forms can be submitted in any of the following ways:

- In person: 7613 Old York Rd., Melrose Park, PA (*during business hours only*)
By mail: Transcripts, 7613 Old York Rd., Melrose Park, PA
By email: chays@wyncoteacademy.org
By fax: (215) 885-7417



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Student Current Full Name _____ Former Name(s) (if applicable) _____

Current Residing (Billing) Address _____ City _____ State _____ Zip _____

Student ID/SSN _____ Date of Birth _____ Cell or Daytime Phone _____

Did you graduate from Wyncote? YES NO Current Email Address: _____
If not graduated, years

Year Graduated _____ attended: _____

PROCESSING INSTRUCTIONS:

Number of Transcripts Requested sent to you (via USPS), (max. 3 per request)		10.00 each	
Number of Transcripts sent to other institutions (via First Class USPS)		15.00 each	
Priority shipping, U.S. Postal Priority (3-day, each address) ADDITIONAL		15.00 each	
Express shipping, U.S. Postal Priority Express (2-day, each address) ADDITIONAL		40.00 each	
Replacement Diploma (mailed via USPS to your address) (only one issued per request)		50.00	
AMOUNT TO BE PAID IN FULL AND AUTORIZED TO BE CHARGED		TOTAL	

Name on Card _____ Former Name(s) (if applicable) _____

Billing Address if different than above _____ City _____ State _____ Zip _____

Card Number VISA MC _____ Security Code (3-4 digit) _____ Exp. Date _____

SEND TRANSCRIPT TO: (please include individual, institution, agency, or business name)

No. of Copies: _____ To: _____

Expedited Shipping to this address?
 Priority (+\$15.00)
 Priority Express (+\$40.00)

Signature _____

I acknowledge that a confidential document will be delivered to this address.

SIGNATURE AND DATE:

Signature – **REQUIRED** for release of records. A typed name will **NOT** be accepted. Date _____

This form must be printed, signed by hand, and then scanned to be emailed.