

Student or Parent Request for Pennsylvania Homeschoolers Accreditation Agency Transcript

PHAA
105 Richman LN
Kittanning PA 16201

Please send an official PHAA transcript to the following address (es):

1) _____

2) _____

3) _____

Student's name _____

Graduation Year _____

Diploma Number (if known) _____

A \$5 fee required for each transcript request (ie, requesting 3 transcripts on this form is \$15).
Please make check payable to: PHAA

Total enclosed: _____

Student or Parent Signature (required)

Date

(This form is optional. You can also request a transcript by sending fee with an informal signed note)

PHAA * 105 Richman LN * Kittanning PA 16201 * 724-783-6512