



Carlynton School District  
435 Kings Highway  
Carnegie, Pa 15106-1043

Date: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Identification: \_\_\_\_\_

To release copies of your records or transcripts we need a copy of current photo identification and signature.

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Signature/Date

Send to the attention of: Guidance Secretary