



The Phelps School

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Malvern, Pa. 19355

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Transcript Request

Personal Information

Name: _____

Date: _____ SSN: _____ - _____ - _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Signature: _____

First Request

Send To:

Institution/Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Second Request

Send To:

Institution/Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment Information

Cash: _____ Check: _____ Visa/MasterCard: _____

Card number: _____ Exp. Date _____ Amount \$ _____

Signature: _____