

TRANSCRIPT REQUEST FORM

MONTOURSVILLE AREA HIGH SCHOOL

Your transcript consists of official administrative data (school demographics, your name, address, birth date, gender, grade level, completed grades 9th-12th, class rank, grade point average, etc). It does not include SAT, ACT, or Advanced Placement scores.

NAME OF STUDENT (at time of enrollment): _____

- Current student
- Graduate (enter year of graduation): _____

DAYTIME PHONE NUMBER (for graduates only): _____

DATE OF BIRTH (for graduates only): _____

PURPOSE OF TRANSCRIPT:

- College(s) (enter name(s)): _____

- Scholarship (enter scholarship name): _____
- Employment
- Self (Unofficial)
- Other: _____

METHOD OF DELIVERY:

- Email (enter recipient email address): _____
- Common Application
- SendEDU
- Coalition
- Mail (enter mailing address): _____

- Other: _____

OTHER MATERIALS TO ACCOMPANY TRANSCRIPT:

- Recommendation Letters (name of recommenders): _____

- Other Materials (please specify): _____

By signing below, I certify that I am the student listed above, and hereby grant permission to MAHS for the release of my transcript as requested above.

(please type name here): _____ Date: _____

PLEASE BE ADVISED THAT IT COULD TAKE AT LEAST A WEEK FROM THE TIME A REQUEST IS RECEIVED BY THE HIGH SCHOOL OFFICE UNTIL IT IS PREPARED AND SENT OUT.