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): PURPOSE OF TRANSCRIPT: College(s) (enter name(s)): • Self (Unofficial) • Other: _____ METHOD OF DELIVERY: Email (Transcripts will be sent to this address): • Common Application (Current Students Only) 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.