



MIDDLE COLLEGE HIGH SCHOOL

TRANSCRIPT REQUEST FORM

Fill out form completely, legibly, and accurately.

\$3.00 fee for **EACH** transcript requested.

For Office Use Only:

___ COMPLETED ___/___/___

METHOD _____

___ UNABLE TO PROCESS

EXPLAIN _____

___ PAID Initials: _____

****STUDENTS WHO ARE CURRENTLY ENROLLED AT MCHS ARE ENTITLED TO THREE (3) FREE TRANSCRIPTS PER YEAR****

Transcript Policy:

- Payment must be submitted at time of request.
- All outstanding school fees must be paid in order for your request to be processed.
- Transcripts are normally processed within 24 to 48 hours.
- If additional information is being requested (test scores, etc.) you must include an additional \$1.00 per page.

(Indicate here additional information being requested: _____)

STUDENT INFORMATION

LEGAL NAME (while enrolled):

FIRST MIDDLE LAST

_____/_____/_____
BIRTHDATE (MM/DD/YY) MCHS ID#

CURRENTLY ENROLLED? YES NO If NO, please indicate below:

YEARS ATTENDED: _____ or YEAR GRADUATED: _____

CONTACT INFORMATION:

STREET ADDRESS APT #

CITY STATE ZIP

HOME PHONE CELL PHONE

E-MAIL ADDRESS

TRANSCRIPT PROCESSING (please choose how you would like to receive your transcript)

WILL PICK UP

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DEPARTMENT/OFFICE

MAILING ADDRESS

CITY STATE ZIP

SIGNATURE



SIGNATURE

Your signature is **required** to authorize the release of your transcript.

_____/_____/_____
DATE