

MARSHALLTOWN HIGH SCHOOL
Request for Transcripts*/Records
To be sent to another school

Please send Official Transcript*/Records of _____
Please print student's full name

Date of Birth: _____

School Name: _____

Address: _____
and Street City State Zip

School Name: _____

Address: _____
and Street City State Zip

School Name: _____

Address: _____
and Street City State Zip

Date: _____

Signature of Parent/Guardian/Legally Responsible Student

******Official transcripts of a student's academic record will be released only to accredited schools, colleges, institutions, agencies or potential employers.**