

TRANSCRIPT REQUEST FORM

Middletown Area High School

Student's name: _____ Year of Graduation: _____

I hereby authorize Middletown Area High School to release a copy of my transcript, including grades and test scores, to the institution listed below.

Student's Signature

Date

Parent's Signature (if under 18)

Date

Institution Name

How did you apply? Online Paper application sent Paper application attached

Is the application fee attached to this request? YES NO

Do you want letters of recommendation included? YES NO

Teacher's name

Teacher's name

Teacher's name

Teacher's name

Please list all your test dates:

SATs: _____

ACTs: _____

Do you want these scores included on your transcript?

Yes No

Yes No

Yes No

Yes No

Office Use Only

Date received at the Guidance Office: _____

Date mailed: _____