

Marissa Jr. – Sr. High School

TRANSCRIPT REQUEST FORM

If this form is not filled out in its entirety this request will not be processed

DATE OF REQUEST: _____

NAME: _____

YEAR OF GRAD: _____

COUNSELOR: _____

DEADLINE**: _____

****MUST submit 10 working days before deadline. It is assumed, unless otherwise informed by the student, that “deadline” means “must be postmarked by...”**

COLLEGE OR EMPLOYER INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Please include: **(check all that apply – if box is not checked, item will not be sent)**

Send MHS Transcript (Grades throughout high school – REQUIRED by colleges)

Send UNOFFICIAL ACT scores – SUGGESTED to send.
List date(s) of test(s) scores you wish to send: ____/____ : ____/____ : ____/____
(It is your responsibility, however, to have OFFICIAL scores sent directly from ACT headquarters)

Check box if a counselor recommendation is REQUIRED by THIS college

Send (check all that apply)
____ I. E. P. ____ educational testing ____ psychological testing ____ 504 plan

I give permission to release my Special Education/504 records to the above named school.

Signature: _____

(Signature must accompany any release of information)

The first **3 transcripts are free**. There will be a \$1.00 charge for every transcript after the third.
Scholarship and military academy transcripts are always free.

STUDENTS MUST HAND OR FAX THIS FORM DIRECTLY TO MRS. BIRCH OR MRS. BUMANN IN THE OFFICE.

For office use only:

RECEIVED BY: DATE:

For office use only:

DATE MAILED: BY: