Montgomery High School Guidance Office

TRANSCRIPT REQUEST FORM

(Undergraduate & Graduate)

PLEASE PRINT	-FOR OFFICE USE ONLY-
Name	Number of copies required Amount Received Date Received Date Sent Faxed
Maiden Name (if applicable)	
Address	
City State Zip Code Date of Birth	Undergraduates are permitted five transcripts at no charge.
Phone number	There is a fee of \$2.00 for each copy thereafter.
Email	Graduate transcripts are \$2.00 each
SEND TO: (Please Print) Name	Circle current grade level or indicate graduation date.
transcripts and grades until the obliga	non nus veen puiu.
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Attn:	☐ Currently enrolled Grade Level: 9 10 11
Address	☐ Year Graduated :
City State	
Zip Code Fax Number	Indicate College Application Or Special Program Official Deadline:
OfficialUnofficial	Month Day Year
Please complete a separate form for each request	Month Day Year
I hereby authorize the appropriate officials of Montgomery H my transcript. I understand that it may take up to ten busin	
Signature of Student	Date
Signature of Parent or Legal Guardian (Required for High School students under 18 years of age)	Date