



Request for Official Transcripts

Form with fields for Last Name, First Name, Middle Init., Maiden Name, Address, School ID #, Current Student Grade, City, State, Zip, Date of Birth, Graduation Date, Clearance Date, Telephone.

Regular Service Transcripts

Mail [ ] Pick up [ ]

Number of copies \_\_\_\_\_

Current Students: First three (3) transcripts ever requested are FREE. Additional copies are \$.50 per copy. Allow five (5) working days for processing.

Alumni: \$4.00 per copy. Allow five (5) working days for processing.

Retain Transcripts For

Final Grades [ ] Sem/Year \_\_\_\_\_
Grade Change [ ]
Course \_\_\_\_\_ Grade \_\_\_\_\_ Sem/Yr \_\_\_\_\_
Info Change [ ]

Amount Paid \$ \_\_\_\_\_ TRANSCRIPTS WILL ONLY BE HELD FOR PICK UP FOR 30 DAYS.

NOTE: Morningside High School is not responsible for transcripts after they have been processed and mailed.

Two columns of address forms with labels: Please print all information below. Student is responsible for correct address. Mail Transcript To: Name, Attn, Street Address, City, State, Zip.

Student/Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript Released To: \_\_\_\_\_ Date: \_\_\_\_\_
(Sign ONLY after picking up transcript in person)

OFFICE USE ONLY

Paid [ ] Pick-up: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday
Date: \_\_\_\_\_ No. of Transcripts: \_\_\_\_\_ Completed by: \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please print all information below. Student is responsible for correct address.

**Mail Transcript To:**

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Attn: \_\_\_\_\_

Street Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_