

# Middletown High School

## Graduate Transcript Request Form

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I, \_\_\_\_\_ am requesting that you prepare an official transcript for myself for college/scholarship/employment in accordance with the requirements of those organizations. Information supplied may include a description of academic and personal characteristics that will aid the college, employer or scholarship program as they make decisions regarding admission or scholastic awards.

Name: \_\_\_\_\_ (last name at the time of Graduation)

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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1. \_\_\_\_\_  
Recipient (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

3. \_\_\_\_\_  
Recipient: (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

2. \_\_\_\_\_  
Recipient (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

4. \_\_\_\_\_  
Recipient (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

Credit card payment is not accepted for transcripts. Please complete and return this form along with exact cash or a check payable to Middletown High School to the address below:

Middletown High School  
Attn: Jennifer Bertulaitis  
200 Schoolhouse Drive  
Middletown, MD 21769

- A **\$2.00 fee** will be assessed for **EACH** transcript requested, payable in exact cash or check.
- Allow at least **one week for processing**.
- Please write any special instructions for pick-up on this form.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form.
- If there are any questions please contact Jennifer Bertulaitis, Counseling Secretary, at (240) 236-7403 or Jennifer.Bertulait@fcps.org.