

Middletown High School

Alumni Transcript Request Form

I, _____ am requesting preparation of my official transcript for college/scholarship/employment/other 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 in making admission/scholastic/employment decisions.

Name: _____ (last name at the time of Graduation)

Date of Birth: _____

Year of Graduation: _____

Phone number: _____

Email: _____

Signature: _____

Date: _____

1.

Recipient (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

2.

Recipient (College, Employer, Scholarship, etc.)

Street Address

City, State, Zip

3.

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. A \$2 fee is assessed for **EACH** requested transcript.

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

- Allow at least **one week for processing**.
- Please write any special instructions for pick-up (i.e. someone else is picking up) on this form.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form. If you request transcript to be emailed, it will be sent in an encrypted email unless specified otherwise.
- If you have questions please contact Mrs. Bertulaitis, at (240) 236-7403 or Jennifer.Bertulait@fcps.org.

MHS ADMINISTRATIVE USE ONLY

_____ Date Received _____ Mailed _____ Faxed _____ Emailed _____ Date _____ Paid _____ Initials