

Middletown High School

Graduate Transcript Request Form

I, _____ am requesting that you prepare a 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: _____

1. Official Unofficial

Name of Recipient (College, Employer, etc.)

Street Address or Email Address

City, State, Zip

3. Official Unofficial

Name of Recipient (College, Employer, etc.)

Street Address or Email Address

City, State, Zip

2. Official Unofficial

Name of Recipient (College, Employer, etc.)

Street Address or Email Address

City, State, Zip

4. Official Unofficial

Name of Recipient (College, Employer, etc.)

Street Address or Email Address

City, State, Zip

Credit card payment is not accepted for transcripts. Please complete and return this form along with 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.
- Allow at least **one week for processing**.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form.
- Add email address in the College address field if electronic copy is requested.
- Fax number: 240-236-7580
- Any questions please contact Jennifer Bertulaitis at (240) 236-7403 or jennifer.bertulait@fcps.org