

Milford High School Transcript Request

Date: _____

Student's Name While Attending High School:

Date of Birth:

Years Attended:

Graduation Year:

College/Scholarship Name/Other:

of Official

of Unofficial

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

CONTACT PHONE # _____ (Home/cell)

NOTES: _____

**ATTENTION: PLEASE ALLOW 4 – 10 BUSINESS DAYS FOR THIS
REQUEST TO BE PROCESSED AS SOME RECORDS ARE ARCHIVED**