



# MERION Mercy

*Live Mercy. Seek Justice.*

## *Official Transcript Request Form*

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

A transcript is a confidential document which is sent to a third party. Please complete the information requested below. Return form with a \$10.00 transcript fee made payable to "Merion Mercy Academy." Mail to:

**Transcripts  
Merion Mercy Academy  
511 Montgomery Avenue  
Merion Station, PA 19066**

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*I authorize the release of my transcript to the above-mentioned institution.*

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*Transcripts will not be processed without signature.*