



MOUNT GREYLOCK REGIONAL SCHOOL
Counseling Office

Transcript Request

Mail:

Mount Greylock Regional School
Attn: Transcript Request
1781 Cold Spring Road
Williamstown MA 01267

Email: bbalawender@mgrhs.org

Fax: 413-458-2342

Please plan for a 2-5 business day turnaround

Name: _____

Last

First

Middle

Maiden Name: _____ **Date of Birth:** _____

Telephone Number: _____

Email: _____

Graduation Year: _____

Documents requested: Official Transcript Unofficial transcript

Send to (email, mailing address, or fax number):

Please mail cash or check made out to MGRSD

Mail to college/university/employer (\$5) Email/Fax (\$2) Certified Mail (\$9)

Signature: _____ **Date:** _____

Office Use Only

Date received: _____

Payment: _____

Date Sent: _____