

Manheim Central High School

Guidance Office
400 Adele Avenue
Manheim PA 17545
(717) 664-8400
FAX: (717) 664-8420

MCHS Alumni Transcript Release Form

Name of Student Alumni:

Married Name (if applicable):

Date of Birth:

Graduation Year:

Withdrawal Year:

Current Home Address:

Street Address 1

Street Address 2

City

State

Zip Code

Email Address:

*****I give permission for the following records to be released from Manheim Central High School. (Initial all that apply.)**

Official Transcript (including name, address, date of birth, grades, credits, class rank, GPA, awards, activities, official signature and school seal)

**During this time, only electronic official transcripts can be sent to colleges/institutions. We cannot release official transcripts to you. Please supply an accurate email address below.*

Initial

Unofficial copy for personal use

**During this time, only electronic transcripts can be sent. Please supply an accurate email address below.*

Initial

Name of Recipient and/or College/Institution

These records should be
forwarded to:

Email Address

Name of 2nd Recipient and/or College/Institution (Optional)

2nd Email Address (Optional)

Please allow 10 business days to process.

Signature

Date

For Office Use:

Transcript Mailed
on: _____

by _____