MILLVILLE AREA HIGH SCHOOL
Guidance Office
PO Box 260
Millville, PA 17846
Phone: (570) 458-5538 Ext. 2306
Fax: (570) 458-5583

TRANSCRIPT REQUEST FORM FOR CURRENT STUDENTS

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNSELING OFFICE PRIOR TO THE RELEASE OF ANY STUDENT RECORDS. *Please submit at least 10 school days before the college deadline.*

I hereby authorize: Millville Area High School
PO Box 260
Millville, PA 17846

To release cumulative records, health records, psychological records, and any other material included in the student file concerning*:

STUDENT: _____

GRADE: _____ **Year Graduated**: _____ **DATE OF BIRTH**: _____

DEADLINE FOR COLLEGE/UNIVERSITY/SCHOLARSHIP/OTHER*: _____

NAME OF COLLEGE/UNIVERSITY/SCHOLARSHIP/OTHER: _____

*and any school or scholarship to which I may apply in the upcoming school year (2023-2024).

_____ _____
Signature of Parent/Guardian (if student is under the age of 18) Date

_____
Signature of Student

Type of transcript:

☐ OFFICIAL *(with school seal, in sealed envelope, and mailed directly to the institution)*
Please mail OFFICIAL transcript to:

_____ _____
_____ _____
_____ _____

☐ UNOFFICIAL *(can be faxed, emailed, or mailed)*

☐ Please fax to: _____ Attn: _____

☐ Please email to: _____

☐ Please mail to: _____
_____
_____

For office use only:
Date Rec'd _____ By _____ Rec'd by Counselor _____ Sent _____