



TRANSCRIPT REQUEST

Email request to: katherine.mattes@millbrookesd.org

Fax request to: 845-677-2525

Name: _____

If married, please give maiden name

Phone number **or** email where you can be contacted: _____

DOB: _____

Year Graduated: _____ **OR** Years in attendance @ MHS: _____

Please send: **check one** Official Transcript _____
Student Copy _____

PLEASE SEND MY TRANSCRIPT TO:

Must provide **COMPLETE** name and address

1. _____

2. _____

3. _____

4. _____

(Student Signature)

Student signature and/or email request will authorize Millbrook High School to release the student's records.

Please do not write below this line

Date Transcript Sent

Sent by