



Form # 339 Rev. 8/24
Administration Building
408 S. Carroll Ave.
Michigan City, IN, 46360
Phone: (219) 873-2000

Transcript Request and Release Form

(Please print all information except your signature.)

I am requesting education records of: _____

(Full Name of Student (Please include maiden name/last name when in school))

Birthdate of student: _____

Today's date: _____

My name (printed): _____

My relationship to the student: [] Parent [] Guardian [] Self

The student is a (please check ONE): [] Graduate: Year _____ [] GED Recipient [] Non-Graduate

Please choose one of the following:

[] Official Transcript (Name, address, birthdate, grade level completed, grades.)

[] Please mail to

(Name and address of the business/college requesting official transcripts):

[] Please email to

(Email address of the business/college requesting official transcripts):

[] I will pick up (Official transcripts are provided in a sealed envelope)

[] Unofficial Transcript (Name, address, birthdate, grade level completed, grades.)

[] Please mail to

[] Please email to

[] I will pick up

[] Immunization Record Only (No fee.)

[] Please mail to

[] Please email to

[] I will pick up

There is a \$4.00 fee for a copy of a transcript.
There is no fee for a copy of an immunization record.
Only Cash or Money Orders will be accepted.
No Personal checks will be accepted.

Signature: _____

Phone Number: _____