

MANVILLE HIGH SCHOOL

Transcript Request Form

RETURN FORM TO YOUR SCHOOL COUNSELOR
ALLOW 10 SCHOOL DAYS FOR PROCESSING

Name: _____

Date: _____

Please select the reason you're requesting a copy of your transcript:

College/University

Name of College:	City and State:	Deadline:	*Common App: Yes or No
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Scholarship/Educational Program

Send/Mail transcript to:

Other: _____

I hereby authorize the appropriate school officials to release a copy of my transcript

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Date Received _____ Date Completed _____