

TRANSCRIPT /RECORDS REQUEST

MORGAN LOCAL SCHOOL

65 West Union Avenue
McConnelsville, Ohio 43756

Phone: 740-962-2782
Fax: 740-962-4931

Name: _____

Address: _____

Phone: _____



If someone else picking up, Name: _____

Please process the following records request as indicated below:

Student/Identity Verification Information

Name While Attending High School:		Date of Birth:	
Graduation Date:			
If you did not graduate, indicate Last Yr. enrolled			

Document(s) to release :

Official High School Transcript: <input type="checkbox"/>	High School Transcript: <input type="checkbox"/>
Immunization Record: <input type="checkbox"/>	

Check preferred delivery:

Send to the following Address: <input type="checkbox"/>	I will pick up: <input type="checkbox"/>	Email: <input type="checkbox"/>
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Name of Organization:
Address:
Email:

Please accept this request as authorization to release my transcript to the above:



Signature: _____ Date: _____