MOUNT HOREB HIGH SCHOOL

Student Services Department
305 South 8th Street
Mount Horeb, WI 53572
Phone: (608) 437-7245 Fax: (608) 437-7102

TRANSCRIPT REQUEST FORM

** Requests ***must*** be signed **

Full Name: _____ Graduation Year: _____

Last Name Used at MHHS (if different than above): _____

Mailing Address: _____

Date of Birth: _____ Contact Phone Number: _____

Please check which apply:

Mail to me at address above ☐ Mail to address(es) below ☐ I will pick up (I.D. is required) ☐

1 College/Company Name: _____

Address: _____

2 College/Company Name: _____

Address: _____

3 College/Company Name: _____

Address: _____

**** TRANSCRIPT FEE ****

(No charge for current MHHS students and graduates of less than one year.)

Official Transcript *(signed with school seal)*……..$5.00 per transcript copy

Unofficial Transcript *(no graduation confirmation, signature, or seal)*……..No Charge

Cash or Check made out to MHASD *(No credit card payments are accepted at school)*

Payment Received: Cash ☐ Check ☐ check # _____

Signature: _____ Date: _____

(FERPA) Family Rights & Privacy Act requires a signature to release a transcript.