Medford High School Transcript Request Form

To obtain a transcript unofficial/official sent to a school or agency on your behalf, please complete this form, enclose a $5.00 processing fee per agency (money order only) and mail to: Medford High School, Transcript Request, 489 Winthrop St. Medford, MA 02155, Telephone for questions 781-393-2305 or you can fax any request to 781-393-4310 or email Andrée Pierre-Paul mailto:apierrepaul@medford.k12.ma.us.

Please allow 10 days after receipt for processing.

Section 1: Student Information

Today's Date	Maiden Name (Please Print)	Last Name (Please Print)	First Name (Please Print)

Current Street Address (Please Print)	City (Please Print)	State, Zip (Please Print)	Phone (Please Print)

DATES-Pick One ***School Attended-if both include years attending***

Year of Graduation	Withdrawal	High School	Vocational School	Date of Birth

Section 2: Schools and/or agencies to receive transcript

School/Agency	*Street Address*	*City*	*State, Zip*	*Contact person If necessary*
School/Agency	*Street Address*	*City*	*State, Zip*	*Contact person If necessary*
School/Agency	*Street Address*	*City*	*State, Zip*	*Contact person If necessary*

FAX UNOFFICIAL TRANSCRIPT ONLY:

School/Agency Name	*Contact Person's Name*	*Fax Telephone Number*

If you require more space, please use the back of this form.

Signature: ***By signing you authorize us to release your transcript to the schools/agencies listed above***	***Date***

Office Use Only

Date Received	***Processed: Yes/No***	***Date Processed If Yes***	***Reason if not processed Records not located, form incomplete, fee not received***	***Follow up notes if not processed***	***Initials***