



MISSOURI VALLEY HIGH SCHOOL TRANSCRIPT REQUEST



Current Full Legal Name: _____

Graduate Full Legal Name: _____

(Please include your full name at the time you graduated from high school if different from your current name)

Graduation Year: _____ Birthdate: _____

Phone: _____ Email: _____

(Your phone number and/or email address will only be used if we need to contact you regarding your transcript request)

Only transcripts sent directly to an institution will be considered official. Official transcripts include the school seal and the signature of a school official. Transcripts mailed or given directly to a student will be considered unofficial and will be stamped "Issued to Student".

Please mail my transcripts to:

Institution Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

Institution Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

Please fax my transcripts to:

Institution Name: _____

Attention: _____

Fax Number: _____

I will pick up my transcript at the high school office (Unofficial)

I freely give consent for my high school transcript to be released to the institution(s) I have listed above.

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ Initials: _____

Date Sent: _____ Initials: _____