OFFICE USE ONLY

Date Mailed\_

## MDHSA TRANSCRIPT REQUEST FORM

Mail this form and payment to: MDHSA – TR, 32 W. Main St. #5, Waynesboro, PA 17268. Make checks payable to MDHSA.

Student's Name (Maiden Name)	Graduation Year
Address	
Phone Number	Email Address

1. **PROCESSING TIME:** Transcript Request orders are usually processed within a week of receipt. However, MDHSA reserves the right to allow up to two weeks processing for a Transcript Request order.

2. FEES: Transcripts are \$5.00 each.

## 3. COMPLETING THE FORM – OPTIONAL INFORMATION SECTION:

Complete this section ONLY if the institution requires the transcript via one of the optional listed methods. **NOTE**: Many colleges will not accept emailed or faxed transcripts, as they are not universally accepted as "official." It is recommended that all transcripts be mailed to an institution. If you require the transcript to be mailed AND emailed OR faxed to the same institution, there is an additional fee for that transcript. <u>(Each transcript sent REGARDLESS of method is \$5 per transcript.)</u> MDHSA does not email official transcripts to students, graduates or families.

## AUTHORIZED SIGNATURE (parent or student only):\_

Signature is required to release the records to the below-listed facilities. The Transcript Request Form will be returned to you if the signature is missing, and will not be processed until the signed release is received by the MDHSA office.

College / Institution Name:	n Name: Attention:				
College / Institution Name: Attention:					
					Optional Information – See Instructions A
Email Address:	Email Address:				
Total number of transcripts to be sent to this facility: (mailed and emailed transcripts combined)					
College / Institution Name:		Attention:			
College / Institution Name: Street Address:		City, State, Zip:			
Number of Transcripts to Mail to this Fac Mail in Separate Sea	cility: If m lled Envelopes:	ore than one transcript is being mailed i * <b>OR</b> * Mail Loose in a Single La	to this address, check one of the following:		
Optional Information – See Instructions A					
Email Address:			• , 7 • 1		
1 otal number of transcripts	to be sent to thi	is facility: (mailed and emailed transc	eripis combinea)		
		<b>.</b>			
College / Institution Name: Street Address:		Attention:			
Street Address:		City, State, Zip:			
	led Envelopes:	ore than one transcript is being mailed is * <b>OR</b> * Mail Loose in a Single La			
Optional Information – See Instructions A					
Email Address:					
Total number of transcripts	to be sent to thi	is facility: (mailed and emailed transc	cripts combined)		
<u>Payment Information:</u> Number of ( <i>Add all "Total Number of Transcr</i> Total Transcripts: x \$5	ripts to be sent to	this facility" lines)			
Total Amount Enclosed	Ś	Check Number:	Date:		