

Date Received:

OFFICE USE ONLY

Date Mailed:

MDHSA TRANSCRIPT REQUEST FORM

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

First Name	Last Name (Maiden Name if applicable)	Graduation Year	
Street Address	City	State	Zip
Phone	Email Address		

- **PROCESSING TIME:** Transcript Request orders received via mail are usually processed within one week of receipt. However, MDHSA reserves the right to allow up to two weeks processing for a Transcript Request order.
- **FEES:** Transcripts are \$5 each regardless of delivery method (i.e., mail or email). If you wish a transcript to be sent to the same institution via email and mail, it is \$5 for each transcript sent.
- **IMPORTANT INFORMATION:** Before ordering a transcript to be sent via email, first verify that the college will accept an emailed transcript as "official." Some institutions require official transcripts to be mailed. You should also inquire as to whether or not the college requires a GPA to be listed on the transcript.
- **NOTICE:** MDHSA does not email transcripts to students, graduates, or parents. If such a request is received, the transcript will be mailed instead.

Signature is required to release the records to the institutions listed below. 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. **AUTHORIZED SIGNATURE** _____

(parent, student or graduate only)

College/Institution Name: _____ ATTN: _____
 Email transcript – Email address: _____
 Mail transcript – Street: _____ City _____
 State _____ Zip _____ How many to this address? _____ Separate envelopes? Y / N
 Total number of transcripts to be sent to this institution (mailed and/or emailed) _____

College/Institution Name: _____ ATTN: _____
 Email transcript – Email address: _____
 Mail transcript – Street: _____ City _____
 State _____ Zip _____ How many to this address? _____ Separate envelopes? Y / N
 Total number of transcripts to be sent to this institution (mailed and/or emailed) _____

College/Institution Name: _____ ATTN: _____
 Email transcript – Email address: _____
 Mail transcript – Street: _____ City _____
 State _____ Zip _____ How many to this address? _____ Separate envelopes? Y / N
 Total number of transcripts to be sent to this institution (mailed and/or emailed) _____

ATTN: Parent, Student, Graduate: If you wish to order an official transcript for your personal use, please enter your name in the College/Institution line. However, per the Notice above, you must order the transcript to be mailed to you.

Payment Information: Make checks payable to MDHSA-TR
 Total # of transcripts to be sent to ALL institutions: _____ x \$5.00 = \$ _____
 Check Number: _____ Date: _____ *enclose this amount*

Questions? Contact diploma@masondixonhomeschoolers.org