**MOUNTAIN VIEW SCHOOL DISTRICT**

**FORMER STUDENT TRANSCRIPT REQUEST**

If you would like to request a copy of your official or unofficial high school transcript, please complete this form and return it to hbenedict@mvsd.net. Transcripts will be available in 1-3 business days. You may call 570-434-8525 if you have any questions or to verify transcripts are ready for pickup.

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| **DATE** |  |
| **NAME** **(IF YOU ATTENDED OTHER A DIFFERENT NAME, PLEASE INCLUDE THAT NAME ON THE FORM.)** |  |
| **YEAR OF GRADUATION** |  |
| **YEAR OF WITHDRAWAL** **(IF YOU DID NOT GRADUATE)** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **NUMBER OF TRANSCRIPTS REQUESTED** |  |

Please mark the circle below for your transcript delivery method.

⃝ Please mail my transcript.

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| COLLEGE OR EMPLOYER NAME | COLLEGE OR EMPLOYER MAILING ADDRESS | COLLEGE OR EMPLOYER EMAIL ADDRESS |
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I authorize the Mountain View School District to release or obtain the information specified above to the agency or individual below. I hereby authorize the release of records or information requested. I understand that the Mountain View School District cannot guarantee the confidentiality of any information that is sent via fax or email. I further understand that transcripts that are faxed or emailed may not be considered official by the viewing agency. However, please fax/email my records to the number or email address provided above.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**