

**MONTEVALLO HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

(Please fill out appropriate side)

CURRENT MHS STUDENT

FORMER MHS STUDENT

DATE: _____

DATE: _____

NAME: _____ GRD: _____

NAME: _____

SCHOOL/INSTITUTION WHERE SENDING
TRANSCRIPT

DATE OF BIRTH: _____

(You Must Include the Complete Address of the
College's Admissions Office)

GRADUATED? YES NO
YEAR: _____

CONTACT #: _____

SCHOOL/INSTITUTION WHERE SENDING
TRANSCRIPT (Include Complete Address):

SIGNATURE:

SIGNATURE:

*Current students should submit form to the counselor. Please submit in a timely manner and allow at least one week for processing.

There is a **\$3.00 Transcript Request Fee. Submit completed form and fee to:

Montevallo High School
Attn: Registrar
980 Oak Street
Montevallo, AL 35115

Fax # 205-682-6405

*Please allow at least one week for processing.