

**MONTEVALLO HIGH SCHOOL
TRANSCRIPT REQUEST FORM**

(Please fill out appropriate side)

CURRENT MHS STUDENT

****Submit only if you have completed the admissions application to the college(s) you indicate.**

DATE: _____

NAME: _____ GRD: _____

SCHOOL/INSTITUTION WHERE SENDING
TRANSCRIPT

(You Must Include the Complete NAME AND ADMISSIONS OFFICE ADDRESS)

College: _____

College: _____

SIGNATURE:

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

FORMER MHS STUDENT

DATE: _____

NAME: _____

DATE OF BIRTH: _____

GRADUATED? YES NO

GRADUATION YEAR: _____

CONTACT #: _____

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

SIGNATURE:

There is a **\$5.00 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.

