Montgomery High School Guidance Office
TRANSCRIPT REQUEST FORM
(Undergraduate & Graduate)

Please Print

Name _____________________________
Maiden Name (if applicable) ______________
Address ________________________________
City __________________ State ____________
Zip Code __________ Date of Birth __________
Phone number ____________________________
Email ________________________________

Any obligations to Montgomery High School (such as Library fees, Book Fines, etc) will delay transcripts and grades until the obligation has been paid.

Send to: (Please Print)

Name ________________________________
Attn: ________________________________
Address ______________________________
City __________________ State ____________
Zip Code __________
Fax Number ____________________________
Official __________ Unofficial ____________

Circle current grade level or indicate graduation date.

☐ Currently enrolled
  Grade Level: 9 10 11
☐ Year Graduated: ________

Indicate College Application
Or Special Program Official Deadline:

Month Day Year

I hereby authorize the appropriate officials of Montgomery High School to release an official copy of my transcript. I understand that it may take up to ten business days to process a transcript.

______________________________ Date
Signature of Student

______________________________ Date
Signature of Parent or Legal Guardian
(Required for High School students under 18 years of age)

Revised 03/18