



Monroe High School - Transcript Request Form

Date of Request _____

Full Name _____

Maiden Name _____ (Or Last Name Used in High School)

Birthdate _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Graduation Year _____ Year Last Attended (if you did not graduate from FHS) _____

Please disclose any information that you think might help in obtaining these educational records. Please use the space below for any messages or special information that would help us locate your records.

If you need more space, please use the back of this form.

If the transcript is mailed to you, it will be an unofficial copy. An "Official" transcript must be mailed directly to a school's admissions office. Your ACT/SAT scores will be included with the transcript. If you have questions, please call the Guidance Office or Registrar at 734-265-3433 or 734-265-3490.

There is a \$5.00 fee for each set of transcripts requested after one year of graduation.

Please indicate to whom the records will be released: **SELF** **COLLEGE** **OTHER**

College/Business/Self _____

Address _____

City _____ State _____ Zip _____

For additional addresses, please use the back of this form.

Please remit the fee of \$5.00 per set of transcripts, made payable to Monroe High School, to:

MHS Registrar
Monroe High School
901 Herr Rd.
Monroe MI 48161

Signature (parent or guardian if under 18) _____

Office Use Only:

Request & Payment Received _____

Payment: Cash/Check/M.O. # _____ **Amount** _____ **Mailed** _____