Transcript Request Form

**Please print this completed form and remit payment of $5.00 with your request.**

Date of Request: _____

Full Name: _____   _____   _____
                        Last   _First_   _Middle_

Maiden Name _(if name at graduation is different from above)_: _____

Street Address: _____   _____   _____
                              Street Number   _Street Name_   _Apt/Lot_

City: _____   **State:** _____   **Zip:** _____

Date of Birth: _____   **Phone Number:** _____

Year of Graduation: _____ **_OR_** **Last Year Attending Mason:** _____

Please disclose any further information that you think may help us obtain your educational records:

_____

_____

                                      If you need more space, please write on the back of this printed form.

Please indicate below where you would like your educational record sent to. ACT/SAT scores will be included.

☐ Self   ☐ College   ☐ Other

Self/College/Other Name: _____

Address: _____   _____   _____
                       Street Number   _Street Name_   _Apt/Rm_

City: _____   State: _____   Zip: _____

Signature _(Parent/Guardian, if under age 18):_ _____

Mason Consolidated Schools District has contracted with Federal Automated Recovery Systems (FARS) for the electronic collection of checks returned for insufficient funds. The District will continue to accept your checks. When you provide a check as payment, you authorize us to collect the face amount of your check plus applicable fees through an electronic fund transfer from your account if your payment is returned unpaid.

Please include the following on your check: _Full Name, Street Address, and Phone Numbers_. If there are any questions regarding your check, please contact the Mason Consolidated Schools Business Office. _Make checks payable to Mason High School. Allow 2-3 business days for processing._

Please remit the fee of $5.00 per set of transcripts and send to:
Mason High School re: Student Services
2400 Mason Eagles Drive
Erie, MI 48133

Office Use Only:
Date Received: _____   Payment Received: _____   Cash/MO/Check #: _____
Date Processed: _____   ☐ Graduate   ☐ Drop/Transfer   ☐ Not Available