

Mason High School Transcript Request Form

Please print this form, complete, and remit payment of \$5.00 with your request.

| Please print this form, complete, and re- | init payment or 53. | with your reques | St. | | | | | |
|--|--|------------------------|----------------------------|--|--|--|--|--|
| Date of Request | | | | | | | | |
| Full Name | | | | | | | | |
| Last | | First | | Middle | | | | |
| Maiden Name | (name at graduation if different from above) | | | | | | | |
| Street Address | | | | | | | | |
| Street AddressStreet Number | Street Name | | | Apt/Lot | | | | |
| City | | _ State | z | ip Code | | | | |
| Date of Birth | Phone Number | | | | | | | |
| Year of Graduation | ear of Graduation or Last Year Attended (if you did not graduate from Mason) | | | | | | | |
| Please disclose any further information that you think might help us obtain your educational records: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | If you need more sp | ace, please use the back of this form. | | | | |
| | | | | | | | | |
| Please indicate below where you wo | uld like vour educ | cational record se | nt to. ACT/SAT score | s will be included. | | | | |
| SELF | | COLLEGE | | OTHER | | | | |
| | | COLLEGE | | OTHER | | | | |
| College/Business/Self | | | | | | | | |
| Street Address | | | | | | | | |
| Street Number | Street Name | | | Ste/Rm/Hall | | | | |
| City | | _ State | Z | ip Code | | | | |
| | | | | | | | | |
| Signature (parent/guardian, if under age 1 | .8) | | | | | | | |
| | | | | | | | | |
| Make checks payab | le to Mason High S | chool. Allow 2-3 b | usiness days for proce | ssing. | | | | |
| Mason Consolidated Schools has contracted with funds (NSF). The school district will continue to acyour check plus applicable fees through an electron | cept your checks. When | you provide a check as | payment you authorize us t | | | | | |
| Please include the following on your ch your check, please contact the Mason Consolidate | | | Phone Numbers. If there | are any questions regarding | | | | |
| Please remit the fee of \$5.00 per set of transcripts and send to: | | | | | | | | |
| | | | | | | | | |

Mason High School Student Services 2400 Mason Eagles Drive Erie, MI 48133

| Office Use Only Date Received | Payment Received | | Cash/MO/Check# | |
|-------------------------------|------------------|----------|----------------|---------------|
| Date Processed | Circle One: | Graduate | Drop/Transfer | Not Available |