

CURRENT HIGH SCHOOL STUDENT TRANSCRIPT REQUEST

Fill out and return to Mrs. Stoughton - Guidance Office

1. Date turned in: _____
2. Student Name: _____
3. MP Student ID Number: _____
4. Reason for needing Transcript: _____
5. Name of Place you need transcript mailed to:

6. Address of Place: _____

(OFFICE USE) Date transcript mailed out: _____

When you request your transcript to be sent to a college, we will send your transcript, high school schedule, and the MP school profile (also known as the School Secondary Report)

REMEMBER! LETTERS OF RECOMMENDATION WILL **NOT**
BE SENT AUTOMATICALLY. YOU **MUST** ASK THE
STAFF MEMBER IN PERSON.

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