

**TRANSCRIPT REQUEST FORM**

Madison-Plains High School  
800 Linson Road  
London, Ohio 43140  
Phone: 740 852-0364  
Fax: 740 852-3046

Name \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_  
(Please print or type).

Current address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
Year of Graduation \_\_\_\_\_ or Year of Withdrawal \_\_\_\_\_

**NOTE:** An official transcript is only sent to a college, university, or employer.  
An unofficial transcript can be sent/given directly to a student.

I, \_\_\_\_\_, authorize that my \_\_\_official or \_\_\_unofficial transcript be sent to the following:

**Circle one:**            College    University    Employer    Home Address

Name of College, etc: \_\_\_\_\_

To the attention of: \_\_\_\_\_

Street Address: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Return to MPHS Guidance Department:**

\_\_\_\_\_ Submit a \$2.00 processing fee for **each** transcript being sent. Make check payable to Madison-Plains High School.

\_\_\_\_\_ Submit a completed and **signed** transcript request form for **each** transcript sent.

**Signature of person requesting transcript:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Office Use Only:                      Date received \_\_\_\_\_                      Date sent \_\_\_\_\_