

REQUEST FOR OFFICIAL TRANSCRIPT
(FORMER GRADUATE/ATTENDEE)

CONTACT PHONE # _____
Date requested _____

Year graduated or last attended Mt. Healthy High School _____

Name _____ (name as it was when you attended)
PRINT CLEARLY PLEASE.

Mailing address for transcript:
(Official transcripts are mailed DIRECTLY to colleges and universities)

I would also like a copy MAILED to my home address:

We make every effort to process your request within 48 hours. During periods of high volume, we process within 5 school days.
You may also email your request to bstuckey@mthcs.org including all of the above information.

You may type in the areas above, save the form, and attach it in an email to bstuckey@mthcs.org