

*Methacton High School
Counseling Office
Past Graduate Transcript request*

Name graduated under: _____

Date of Birth: _____ Year Graduated: _____

Phone: _____ email address: _____

Official transcripts must be sent directly to the college/employer etc. that is requesting the information. If you would like a copy, you can receive an unofficial transcript.

Please provide the name and address below that you need the transcript sent to.

We require approximately 2 weeks to process transcript requests (especially in the fall during peak college application time.) Summer requests are usually mailed within 3-5 days.

Send transcripts to:

1. _____

2. _____

3. _____

Signature: _____ **Date:** _____