



POST HIGH SCHOOL TRANSCRIPT REQUEST FORM

Legal Name While Attending MHS: _____

Current Last Name (if different than above): _____

Phone Number: _____

E-mail address: _____

Graduation Year: _____

Birthdate: _____

Transcript Type Requested:

Official (signed and sealed) _____ # of copies requested (\$5.00 a copy)

Unofficial _____ # of copies requested

Mail to College/University/Scholarship/Employer

Institution Name: _____

Attention: _____

Street Address: _____

City/State/Zip: _____

Mail to my home

Street Address: _____

City/State/Zip: _____

I will pick up (please allow up to 48 hours to locate your transcript and process your request)

Email to me _____ (unofficial only)

I authorize Molalla High School to release my transcript(s) to the requested locations.

Signature

Date

Credit Card Number: _____ Expiration: _____

Cardholder Name: _____ CVV: _____

Billing Street Address: _____ City, State, Zip: _____

Please mail completed and signed transcript request form with money to:

Molalla High School

Attn: Registrar

PO Box 309

Molalla OR 97038

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