

**MDHSA Credit Verification Service**  
(NOT for MDHSA Diploma Program students)  
**Request for Transcript**

**Check IF THIS IS A RUSH ORDER** (needed in fewer than 7 business days, excluding holidays, weekends, and/or inclement weather). **Enclose an additional \$15.**

Students Name (Please PRINT): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**FEES:** Transcripts are \$5.00 each. **Additional Charges:** RUSH processing -- Add \$15.00 to the Transcript total.

**Multiple Envelopes** - - Please check this box if multiple Transcripts are being mailed to the same address, **and** must be in separate sealed envelopes. If not indicated, then the Transcripts will be loose in one large envelope.

While Transcripts are usually sent within a week or less, **MDHSA reserves the right to allow two weeks to process this request.**

List below colleges or other interested parties that desire to receive Transcripts.

1. COLLEGE / INSTITUTION NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Multiple Envelope (Indicate the number of Transcripts requested: \_\_\_\_\_)

2. COLLEGE / INSTITUTION NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Multiple Envelope (Indicate the number of Transcripts requested: \_\_\_\_\_)

3. COLLEGE / INSTITUTION NAME: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Multiple Envelope (Indicate the number of Transcripts requested: \_\_\_\_\_)

**PAYMENT INFORMATION: Please make checks payable to MDHSA.**

**MAIL TO: MDHSA CVS Request for Transcript, 32 West Main Street #5, Waynesboro, PA 17268**

Number of transcripts (all institutions combined) \_\_\_\_\_ x \$ 5.00 = \$ \_\_\_\_\_

RUSH fee (per Transcript Request Form) \$15.00 = \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

\*AUTHORIZED SIGNATURE (parent or student only) \_\_\_\_\_

\_\_\_\_ I have enclosed **stamped # 10 envelopes addressed** to the colleges to expedite mailings (optional).

To receive confirmation of receipt of this form, enclose an additional self-addressed stamped postcard/envelope with the words "TR form received." PLEASE DO NOT REQUIRE A SIGNATURE FOR DELIVERY to confirm receipt of this form.

(Signature is **required** to release the records to the above-listed facilities.)