

MDHSA Credit Verification Service
(Usually for non-PA residents – NOT for MDHSA Diploma Program students)
Request for Transcript

Students Name (Please PRINT): _____ Graduation Year: _____

Address: _____

E-Mail: _____ Phone: _____

DOB: _____ SSN: _____ DOB and SSN are needed for transcripts for colleges. Omit if you object to supplying any of this information.

List current courses (usually senior year) and credits, in addition to those already on file with MDHSA. Please indicate if any are AP or college courses (cc) or public/private school courses. List mid-term grades **only** if they have been requested by your college(s).

Do you want your SAT scores on your transcript if we have them on file? ____ Yes ____ No

Do you want your GPA listed? ____ Yes ____ No ____ GPA as of (date) _____ (For academic subjects for all 9-12 years combined to date. Do not weight them).

GPA is only needed if you want it on the transcript. **MDHSA doe NOT compute GPA. How to compute GPA: 1.** Multiply Percentage grade OR Point Value of letter grade by # of Credits **2.** Add up total % OR Point Value **3.** Add up total Credits **4.** Divide Total % OR Total Point Value by Total Credits **5.** Answer is GPA (rounded)
You cannot compute GPA on P (pass) grades. Point value for Letter grades: A+= 4.0 ; A- = 3.75; B+ = 3.5; B- =2.75; C+= 2.5; C=2.0; C-= 1.75; D+=1.5; D-=.75

Please send transcripts to the following colleges or other interested parties. While Transcripts are usually sent within a week or less, **MDHSA reserves the right to allow two weeks to process this request. Please do not wait until a deadline is close at hand to send your request! If you do have a deadline, write it across the top in bold letters!**

PLEASE LET US KNOW WHAT COLLEGES YOUR STUDENT RECEIVED ACCEPTANCE AND/OR IS ATTENDING FOR OUR RECORDS.

1. Name: _____ E-mail: _____ Phone: _____

Address: _____ Fax: _____

2. Name: _____ E-mail: _____ Phone: _____

Address: _____ Fax: _____

3. Name: _____ E-mail: _____ Phone: _____

Address: _____ Fax: _____

Number of Transcripts _____ @ \$5.00 each = Total enclosed _____ Check # _____ Date _____

Authorized Signature (parent or student only) - **Your signature authorizes MDHSA to send the transcript to the above listed parties.**

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

To receive confirmation of transcripts mailed to colleges, enclose a self-addressed stamped postcard/envelope with "TX mailed" on the back. It will be returned to you when we mail the transcripts--check the postmark for date mailed. Mail form and fee to: MDHSA Credit Verification Service – RT 32 West Main St., #5, Waynesboro, PA 17268