

MDHSA Transcript Request

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

Student: (Maiden Name) _____ Ph. # _____ Graduation year _____ GPA _____
(GPA may be needed for 2013 graduates or earlier)

Address: _____ E-mail _____

2013 Graduates and earlier ONLY: SS # _____ and DOB _____ (Complete only if not previously provided on Registration Form)

NOTES TO 2014 GRADUATES AND LATER:

The MDHSA office should be in possession of a current, Evaluator-signed, hard-copy Transcript. If it is necessary for the Transcript to reflect courses being studied during the senior year, precede the course title with a ^ . When the course(s) have been completed, delete the ^ .
DO NOT ENTER A CREDIT FOR A COURSE CONTAINING a ^ .

MDHSA will NOT enter items such as Senior Year Courses, SAT Scores, or GPA, unless a digital copy of the Transcript has been received by the office (mdhsadpforms@pa.net). Please follow the instructions in the MDHSA Diploma Guide for instructions on entering this information onto the Transcript.

Check here if you have emailed the digital Transcript to mdhsadpforms@pa.net

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: _____)

4. 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 Transcript Request, 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) _____
(Signature is **required** to release the records to the above-listed facilities.)

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.