

REQUEST FOR TRANSCRIPT

Mora High School, 400 E Maple Ave, Mora, Mn 55051 Phone: (320) 679-6200 Fax: (320) 679-6238



The following student has enrolled in our school system.

Student's Name:			
Date of Birth:	Grade:	Start Date (if known):	
Please send us the followin	ıg records:		
Transcripts and Pas Grades/Incompletes Standardized Test F MN Basic Standards Graduation Standar Special Education In Psychological Recon Health/Immunization MARSS State Report Athletic Physical Fo	s to Date of Wither Results s Test Results rds Completed adividual Educati rds on Records ting Number		tem)
Please send this informatio	M 4 M (3	uidance/Counselors' Office Iora High School 00 E. Maple Ave Iora, Mn 55051 (20) 679-6200 ax: (320) 679-6238	
		nformation to Mora High Sch	
ranio di l'ormoi dondi			
Address:		Cit	
			/ State / Zip Code
Signature of Parent/Guard	ian:		_ Date: