

Midd-West High School Guidance Office 540 E. Main St., Middleburg, PA 17842

Phone: (570) 837-0046 Fax: (570) 837-5267

REQUEST FOR TRANSCRIPT Student Name: _____ Maiden Name (if applicable): _____ The transcript is the official administrative record of a student. It includes the following information: student's name, address, birth date, grade level, courses completed, credits, and class rank, GPA, in progress course work (for current students), standardized testing and College Board scores. (Note: some colleges-example: Penn State requires official College Board scores). Please check the appropriate space(s): Attached to this form is my application. I applied online. I am a graduate of (school)______Year of graduation_____ Attached is a scholarship application for: ______ please prepare an official transcript and mail by______ Please send my official transcript to: **Special Notes:** Please hold my application and transcript until you have the following: Student essay or writing sample __ Teacher recommendation from_____ __ Teacher recommendation from_____ __ Application fee (check) __ Other _____ _ _ _ Counselor recommendation from _____ _____Date____ Student Signature You may email this form to bnornhold@mwsd.cc OFFICE USE ONLY

Date completed: