

## TRANSCRIPT RELEASE FORM

### SECTION 1: STUDENT INFORMATION

Student Name: \_\_\_\_\_  
 Student Maiden Name (If applicable): \_\_\_\_\_  
 Graduation Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Student Currently Enrolled at PMHS?            YES      NO

### SECTION 2: TRANSCRIPT REQUEST

**OFFICIAL TRANSCRIPT\*** \_\_\_\_\_                      **UNOFFICIAL TRANSCRIPT** \_\_\_\_\_

*\*Please note that OFFICIAL transcripts must be sealed and sent directly from PMHS to colleges/universities, scholarship organizations or prospective employers.*

*Should you like to request a transcript for your personal records, a copy marked "unofficial" will be issued. Any transcript handed to a student or picked up will be considered UNOFFICIAL.*

How will transcript be sent? (Please circle)                      MAIL      EMAIL      FAX      PICK UP

Name of College/organization/business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email and/or Fax Number: \_\_\_\_\_

I understand that PMHS requires approximately one week to process and send the information requested. My signature below indicates my permission to send my transcript to the college, organization or business listed.  
 Guardians requesting transcripts for students under 18, please sign below.

\_\_\_\_\_  
 Student/Guardian Signature

\_\_\_\_\_  
 Date (Requested)

**PLEASE RETURN THIS FORM TO "ATTENTION: REGISTRAR" AT THE ADDRESS OR FAX NUMBER LISTED. THE FORM MAY ALSO BE SCANNED AND EMAILED TO: kmuzzey@sau51.org**

### SECTION 3: TO BE COMPLETED BY THE CR OFFICE

DATE RECEIVED: \_\_\_\_\_ via PHONE      EMAIL      FAX      MAIL      IN-PERSON

\_\_\_\_\_  
 Registrar Signature

\_\_\_\_\_  
 Date (Completed)