

MOUNT HOREB HIGH SCHOOL



Student Services Department
305 South 8th Street
Mount Horeb, WI 53572
Phone: (608) 437-7245 Fax: (608) 437-7102

TRANSCRIPT REQUEST FORM

**** Requests *must* be signed ****

Full Name: _____ Graduation Year: _____

Last Name Used at MHHS (if different than above): _____

Mailing Address: _____

Date of Birth: _____ Contact Phone Number: _____

Please check which apply:

Mail to me at address above Mail to address(es) below I will pick up (I.D. is required)

1 College/Company Name: _____

Address: _____

2 College/Company Name: _____

Address: _____

3 College/Company Name: _____

Address: _____

**** TRANSCRIPT FEE ****

(No charge for current MHHS students and graduates of less than one year.)

Official Transcript (*signed with school seal*).....\$5.00 per transcript copy

Unofficial Transcript (*no graduation confirmation, signature, or seal*).....No Charge

Cash or Check made out to MHASD (*No credit card payments are accepted at school*)

Payment Received: Cash Check check # _____

Signature: _____ Date: _____