

Middletown High School

Graduate Transcript Request Form

I, _____ am requesting that you prepare an official transcript for myself for college/scholarship/employment in accordance with the requirements of those organizations. Information supplied may include a description of academic and personal characteristics that will aid the college, employer or scholarship program as they make decisions regarding admission or scholastic awards.

Name: _____ (last name at the time of Graduation)

Date of Birth: _____ Year of Graduation: _____

Phone number: _____ Email: _____

Signature: _____ Date: _____

1. _____
Name of Recipient (College, Employer, etc.)

Street Address

City, State, Zip

3. _____
Name of Recipient (College, Employer, etc.)

Street Address

City, State, Zip

2. _____
Name of Recipient (College, Employer, etc.)

Street Address

City, State, Zip

4. _____
Name of Recipient (College, Employer, etc.)

Street Address

City, State, Zip

Credit card payment is not accepted for transcripts. Please complete and return this form along with cash or a check payable to Middletown High School to the address below:

Middletown High School
Attn: Jennifer Bertulaitis
200 Schoolhouse Drive
Middletown, MD 21769

- A **\$2.00 fee** will be assessed for **EACH** transcript requested.
- Allow at least **one week for processing**.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form.
- Fax number: 240-236-7580
- Any questions please contact Jennifer Bertulaitis at (240) 236-7403 or Jennifer.Bertulait@fcps.org.