



124 EAST LAWRENCE
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WASHINGTON 98273
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REQUEST FOR STUDENT RECORDS/TRANSCRIPT

Date of Request:			Student #:
First Name	Middle Name	Last Name	Last Name used at MVHS
Your Birth Date:			
The name of the last school you attended in the Mount Vernon School District:			
The last year you attended or the year you graduated:			
<p>What document are you requesting?</p> <p><input type="checkbox"/> Unofficial Transcript Number of copies _____</p> <p><input type="checkbox"/> Official Transcript Number of copies _____</p> <p><input type="checkbox"/> Confirmation of attendance</p> <p><input type="checkbox"/> Cumulative Student File</p> <p><input type="checkbox"/> Other _____</p>			
<p>Phone number to call for pick up _____</p> <p>A complete address, fax number or e-mail where copies should be sent:</p> <p>Note: an official, sealed transcript can only be mailed. Faxed and e-mailed copies are considered <i>unofficial</i>.</p>			<p>For office use only</p> <p>Date:</p> <p>Picked up</p> <p>Mailed</p> <p>Faxed</p> <p>E-mailed</p> <p>Other</p>
<p>All requests <u>must</u> include the student's handwritten signature. The parent may sign if the student is under 18 years of age. Please sign in the space below.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature</p>			