



## Fax: (814) 542-8710

		Transcri	ipt Request		
Date:					
NAME:					
Last		First	Μ	liddle	Maiden
PHONE #	GRADUATION D		RADUATION DATE	E	
DATE OF BIRTH		Ył	EAR WITHDREW_		
ADDRESS					
	City	State			
REASON FOR	RELEASE:  Employr Other, Please list _		_		
Employer Na	me Educational Institut	ion or Othe	r:		
Address:					
	City		State		Zip
Attn:					
Signature			Date		
<b>**Please sign and enclose a \$1.00 transcript fee per copy to:</b>				Guid	n: Stephanie E. Stains lance Office
				Mount Union Area High School 706 North Shaver Street Mount Union, PA 17066	

Permission is granted to release a photo static copy of my high school records (which includes S.A.T. scores) to the following address.

> BOARD Duane Gearhart, President Deanna Lee Wagner, Secretary (814) 542-8631 Fax (814) 542-8633

ADMINISTRATION Amy J. Smith, Superintendent Ryan Wagner, Director of Business Affairs (814) 542-8631 Fax (814) 542-8633