Mount Union Area School District

603 North Industrial Drive
Mount Union, PA 17066

Fax: (814) 542-8710

Transcript Request

Date: _____

NAME: _____ _____ _____ _____
Last **First** **Middle** **Maiden**

PHONE #_____ **GRADUATION DATE_____**

DATE OF BIRTH_____ **YEAR WITHDREW_____**

ADDRESS _____

_____

_____ _____ _____
City **State** **Zip**

REASON FOR RELEASE: _____ Employment _____ Educational Purposes

_____Other, Please list _____

Employer Name Educational Institution or Other: _____

Address: _____

_____ _____ _____
City **State** **Zip**

Attn: _____

_____ _____
Signature **Date**

****Please sign and enclose a $1.00 transcript fee per copy to:**

NO PERSONAL CHECKS

Attn: Michelle Shields
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 above address.