



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.

BOARD

Linda McClure, President
Stephanie E. Stains, Secretary
(814) 542-8631
Fax (814) 542-8633

ADMINISTRATION

Michelle Dutrow, Interim Superintendent
Kasi Martin, Director of Business Affairs
(814) 542-8631
Fax (814) 542-8633