



Middletown Christian Schools Transcript Request

Date: _____

Name of Student: _____
First Middle Last

Contact Number: _____ Date of Birth: _____ Year of Graduation: _____

School Transcript to be sent to:

College/Facility: _____ Address: _____

College/Facility: _____ Address: _____

College/Facility: _____ Address: _____

College/Facility: _____ Address: _____

College/Facility: _____ Address: _____

College/Facility: _____ Address: _____

NOTE: If requesting multiple transcript copies, please do so at the time of initial request, as the charges reapply on future requests.

Transcript Fees:

One (1) Official Sealed Transcript from Guidance Office \$5.00

Multiple Transcripts from Guidance Office: \$5.00
Additional Copies - each \$1.00

Each Unofficial Transcript, unsigned and given to the Student for scholarships or personal use. \$1.00

Total Amount Received: \$_____ Cash Check Credit Card Other _____

Included on the Transcript:

- ACT/SAT Scores
- Cumulative GPA
- All High School Credits

No Transcript will be issued if a student school account has an outstanding balance at the time of request

Date Transcript Mailed: _____