

MANCHESTER MEMORIAL HIGH SCHOOL  
TRANSCRIPT REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

TRANSCRIPT DUE DATE: \_\_\_\_\_

**\*\*\*REQUEST MUST BE SUBMITTED 7 SCHOOL DAYS IN ADVANCE OF DESIRED MAILING DATE**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI) (MAIDEN)

DATE OF BIRTH: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

DESTINATION OF TRANSCRIPT: \_\_\_\_\_  
NAME & ADDRESS

Cost: A \$3.00 fee is required with all  
Official Transcript Requests  
A \$2.00 fee is required with all  
Unofficial Transcripts

CHECK HERE  TO SEND UNWEIGHTED CLASS RANK (otherwise, the weighted rank will be sent) *\*starting with class of 2004*

CHECK HERE  **DO NOT** SEND ANY STANDARDIZED TESTING SCORES THAT APPEAR ON THE TRANSCRIPT  
(eg. SAT, PSAT, AP, NHEIAP OR other)

\*If this box is not checked, all test scores will be sent. Select scores may not be sent.

CHECK HERE  IF YOU HAVE SUBMITTED YOUR APPLICATION ONLINE

PARENTS SIGNATURE REQUIRED (IF UNDER 18 YEARS OF AGE): \_\_\_\_\_

↓ FOR OFFICE USE ONLY ↓

DATE TRANSCRIPT PROCESSED: \_\_\_\_\_ BY: \_\_\_\_\_