



Mooreville High School
550 North Indiana Street
Mooreville, IN 46158
317-831-9203
FAX 317-831-9206

OFFICE USE ONLY:

Date and name of counselor
(if given to counselor for recommendation)

Date completed: _____

TRANSCRIPT REQUEST FORM

I, the undersigned, request that a transcript of my grades and/or scholastic records be sent to: (Please choose an option below)

☐ **Email:** _____

☐ **Fax:** (Fax #) _____ (Attn:) _____

☐ **Mail:** _____

Street Address

City State Zip

Request is for _____ transcript of grades/GPA _____ immunization record

When available, transcripts will include SAT/ ACT test scores, GPA, and Class Rank.

*** SAT scores can be obtained at www.collegeboard.com

ACT scores can be obtained at www.act.org ***

Student name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Date of Birth: _____

Name on transcript if different (maiden/other name) _____

Year of graduation: _____

If you did not graduate, last year of attendance or grade: _____

Signature: _____

Date requested: _____