Mercer Island High School

9100 SE 42nd ST
Mercer Island, WA 98040
Registrar: Barb Shephard
206-236-4513/Fax: 206-230-6352
Barb.Shephard@mercerislandschools.org

REQUEST FOR STUDENT RECORDS
TRANSCRIPT REQUEST
FOR FORMER STUDENTS

***It is MISD policy that transcripts cannot be emailed.** ***Please allow three business days for processing**		Date of Request:
First Name:	Middle Name:	Last Name:
Birth Date:	Grad Year @ MIHS:	Last (Maiden) name used at MIHS:

What document are you requesting?
Fees may be paid to MIHS by cash, check or charge by calling the ASB Office: 206-236-3361

_____ Unofficial Transcript ($5.00 each) Number of Copies: _____

_____ Official Transcript ($5.00 each) Number of Copies: _____

_____ Other: _____

Please send transcript/records to:
***It is MISD policy that transcripts cannot be emailed.**

_____
Institution Name

_____
Address

_____
City State Zip

If you would like to pick up transcript in person or need your transcript faxed please leave the information below.

Phone #:

_____
Fax #:

All requests MUST include the student's handwritten signature.
A parent/legal guardian may sign if student is under 18 years of age.

_____
Signature Date

Office Use Only:

Date Received: _____ ***Picked Up:*** _____

_____ ***Mailed*** _____ ***Faxed*** _____ ***Other*** _____