

# Meadow Heights R-II School

Rt. 5 Box 2365 Patton, MO 63662

Phone 573-866-2924

Fax 573-866-2568

## REQUEST FOR OFFICIAL TRANSCRIPTS

**Request form must have signature.**

Transcripts will **NOT** be released for students who have prior financial obligations to the school.

**Student Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
(name while in school)

**Year of Graduation** \_\_\_\_\_

**Current name and phone number:** \_\_\_\_\_

**Transcript to be:**                      **faxed to:** (name & fax #)      **or**      **mailed to:** (name & address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**or picked up by:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(required)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(if student is under 18)

Fill out information, sign, and fax or mail back to Meadow Heights, transcripts will then be sent.