Post High School Student Transcript Request Form

(For students who graduated from Molalla High School)

Transcripts for former Molalla High School Students can be requested by mailing this form to:

Molalla High School Attn: Registrar PO Box 309 Molalla OR 97038

NOTE: It takes 24-48 hours upon receipt to process your request

Official transcripts cost \$5.00 each. Please enclose payment when mailing this form or complete credit card information and email this form to <u>aliceanne.diehl@molallariv.k12.or.us</u>

If you are requesting an **unofficial** transcript be sent electronically, please complete this form and email it to the Registrar at <u>aliceanne.diehl@molallariv.k12.or.us</u>

Name at time of gradu	ation		_			
Current last name (if d	ifferent than above)					
Phone Number:	Email address:					
Graduation Year:	Number of copies reques	ted: Date of Birth				
• • •	ould like the transcripts mailed to be mailed directly to them.	d to; please include the College or We do not mail overseas.				
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		·				
Signature		Date				
Credit Card Number:		Expiration:				
Cardholder Name:		CVV:				
Billing Address						

If you have any questions, you may contact the MHS Registrar at 503.759.7315 or aliceanne.diehl@molallariv.k12.or.us