



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 brooklyn.dieli@molallariv.k12.or.us
You can also fax it to 503.829.7468.

If you are requesting an **unofficial** transcript be sent electronically, please complete this form and email it to the Registrar at brooklyn.dieli@molallariv.k12.or.us

Name at time of graduation_____

Current last name (if different than above)_____

Phone Number:_____ Email address:_____

Graduation Year:_____ Number of *official* copies requested:_____@\$5 per copy

Date of Birth_____

Address(s) that you would like the transcripts mailed to; please include the College or University name if it is to be mailed directly to them.

1._____ 2._____

Signature

Date

Credit Card Number:_____

Expiration: _____

Cardholder Name:_____

CVV:_____

Billing Address_____