

MORGAN LOCAL SCHOOL DISTRICT

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LORI SNYDER-LOWE
SUPERINTENDENT

THOMAS R. MUSGRAVE
ASSISTANT FOR INSTRUCTION



SUSAN GABLE
TREASURER

BEV STEINBRECHER
DIRECTOR OF SPECIAL PROGRAMS

Official Transcript Request Form

STUDENT NAME _____

CONTACT NUMBER _____

MAIDEN NAME _____
(if applicable)

BIRTHDATE: _____

YR OF GRADUATION _____

INCLUDE IMMUNIZATION RECORD W/TRANSCRIPT: _____ Yes _____ No

IF YOU DID NOT GRADUATE, PLEASE INDICATE
THE LAST YEAR YOU WERE ENROLLED: _____

MAIL TRANSCRIPT TO: _____

Please accept this request as authorization to release my transcript to the above:

Student Signature: _____ Date: _____

NOTES: *TRANSCRIPTS ARE INVALID IF OPENED BY STUDENT

*WE DO NOT FAX TRANSCRIPTS, BECAUSE THEY ARE NOT
ACCEPTED AS AN OFFICIAL TRANSCRIPT

Proud of Our Past, Focused on Our Future