

OFFICIAL TRANSCRIPT REQUEST

MORGAN HIGH SCHOOL

55 N 200 E—PO Box 917

Morgan, UT 84050

Phone: (801) 829-3418 Fax (801) 829-0697

PLEASE PRINT CLEARLY

Date _____

Name while enrolled at MHS _____

Graduation Year _____ Birthdate _____ Phone _____

- ◆ All requests must be completed and signed
- ◆ All official transcripts are \$2.00 per copy
- ◆ ACT Scores are included on all transcripts
(Some colleges will not accept ACT scores on your transcript, you may need to contact ACT and have your scores sent directly.)
- ◆ Please allow **ONE WEEK** for processing
- ◆ Make payment to Morgan High School. Bring this request form in with your payment OR Mail your request with payment to the above address (attention: Registrar)
- ◆ Please note that any fines owing to Morgan High School will need to be cleared before we can release an Official Transcript.

I authorize Morgan High School to release a copy of my transcript.

Student Signature _____

Purpose of Transcript

____ Admission/Scholarship application

____ Personal Use

Please select one:

____ Will pick up during regular school hours

____ Mail to me at: _____

____ Mail to: ___ Brigham Young University

(Provo, Idaho & Hawaii)

___ College of Eastern Utah

___ Dixie State College

___ LDS Business College

___ Salt Lake Community College

___ Snow College

___ Southern Utah University

___ University of Utah

___ Utah State University

___ Utah Valley University

___ Weber State University

___ Westminster College

*Other (only schools not listed above)

1. College/University _____

Person/Department _____

Address _____

City _____ State _____ Zip _____

2. College/University _____

Person/Department _____

Address _____

City _____ State _____ Zip _____