

Alumni Transcript Release Form
Manheim Township High School
PO Box 5134
Lancaster, PA 17606-5134



Name: _____ Maiden Name: _____

Year of Graduation: _____ Date of Birth: _____

Send official transcript to:

Name of College/School/Employer/etc.: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Contact Phone (**only** for use if questions regarding this request) _____

* Fee: \$3.00 cash or check payable to: Manheim Township High School (*use dark blue or black ink only*)
Drop off this form to the High School Guidance office at 115 Blue Streak Boulevard or mail to the above address.
(Note: If sending transcript to yourself, only unofficial copies can be sent)

<office use:>

Requested on: _____ Sent on: _____ Paid: _____