

MENDHAM HIGH SCHOOL
DEPARTMENT OF GUIDANCE SERVICES
MENDHAM, NEW JERSEY

TRANSCRIPT REQUEST

Choose One:

Early Decision (Date Due) _____

Early Action (Date Due) _____

Regular Admission (Date Due) _____

Rolling Admission (Check) _____

Graduation Year: _____

Counselor: _____

Name: _____

Please send my transcript to:

Name of College

Address

City & State

Zip

REQUEST FOR TRANSCRIPT MUST BE IN THE GUIDANCE DEPARTMENT **THREE (3)**
WEEKS PRIOR TO APPLICATION DEADLINE. **PLEASE SUBMIT A BOOK OF**
STAMPS WITH YOUR FIRST REQUEST ONLY.

Date

Student or Parent Signature

DATE SENT _____

TRANSCRIPT REQUEST FORM