

**Mercy High School Guidance Department  
Official Transcript Requests  
1740 Randolph Road - Middletown, CT 06457**

**Forms are to be submitted by fax to 860-704-2346 or by mail to the above address.  
Please print all information clearly and completely.**

**Student's Name** (Last, First, MI) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**If you ever attended Mercy High School under other names, please indicate them here:** \_\_\_\_\_

**Student's permanent home address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate a phone number (with area code or an e-mail address at which you may be reached should it be necessary for us to call you about this request.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Dates of attendance at Mercy High School:**

First year attended \_\_\_\_\_ Last year attended \_\_\_\_\_

**List names and addresses of recipients on second page of form.**

(Please note you must provide a complete mailing address.)

Your transcript cannot be released if there is a **hold** against your account placed by the **Registrar's Office** or the **Business Office**.

I hereby authorize Mercy High School to release my official transcripts to the recipients named on this form.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature \_\_\_\_\_

Student's Name (Last, First, MI) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**Please Send Official Transcripts of my Academic Record to the following recipients:  
Please print all information clearly and completely.**



~Please provide a complete mailing address~

**Recipient #1**

**Number of transcripts** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



~Please provide a complete mailing address~

**Recipient #2**

**Number of transcripts** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



~Please provide a complete mailing address~

**Recipient #3**

**Number of transcripts** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



~Please provide a complete mailing address~

**Recipient #4**

**Number of transcripts** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**To indicate additional recipients, use additional forms. On the front of these additional forms be sure to fill in your name, date and signature.**