

Manchester Township High School
101 S. Colonial Drive
Manchester, NJ 08759

Transcript Request

I am requesting an **official/unofficial** copy of my high school transcript. \$5.00 fee
Please circle one

I am requesting **medical records** only \$5.00 fee

(NOTE: Only transcripts mailed from this office to a school or business will be marked official)

Only cash or money order accepted and mail to:

Manchester Township High School.

DATE: _____

Name: _____ Maiden Name: _____
(If applicable)

Address: _____ Phone: _____
_____ Social Security #: _____

***YEAR GRADUATED/LEFT** (month and year needed) _____
Please circle one

**All files are kept on microfilm according to year of graduation or month and year left/transferred*

Mail To: _____

*If all information is not included, paperwork will **not** be processed.*

FOR OFFICE USE ONLY:		
Paid:	Mailing Date:	Processed by: