



UTHERAN HIGH SCHOOL

Request For Transcript

METRO-EAST

Student _____ Maiden _____

Date of Birth _____ Year of Graduation _____

Please send a transcript to the following (include both address and name):

1. School/Company _____

Address _____

City, State, Zip _____

2. School/Company _____

Address _____

City, State, Zip _____

3. School/Company _____

Address _____

City, State, Zip _____

For a transcript to remain official, it must be sent directly to the school or business. Transcripts sent or given to a student are unofficial. Transcripts include semester grades, ACT/SAT scores, graduation date, and cumulative GPA.

Please enclose a \$3.00 check or money order made payable to MELHS if you are not a current student.

I grant permission for Metro-East Lutheran High School to release my official transcript.

Signature _____ Date _____

Telephone # (_____) _____ or (_____) _____

Please return form to:

Metro-East Lutheran High School
6305 Center Grove Rd
Edwardsville, IL 62025

Office Use Only
Date Received _____
Date Sent _____
Fee Paid \$ _____