



MMI Preparatory School Transcript Release Form

Last Name _____ First Name _____ Class Year _____

Maiden Name (If applicable) _____ Cell Phone Number _____

Current Address _____

Current Email Address _____

Reason for Request (Transferring, further education, etc.) _____

Number of Official Transcripts Requested _____

Send To: _____

Signature _____

Date _____

To request an official MMI Preparatory High School transcript, please fully complete this form, and submit it to Shannon Williams, Director of Human Resources and Registrar, via email, Fax, or mail. Transcripts will be processed usually within three business days.

Email: swilliams@mmiprep.org

Fax Number: (570) 636-0742

Mailing address: MMI Preparatory School, Director of Human Resources and Registrar, Attn: Shannon Williams, 154 Centre Street, Freeland, PA 18224

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For Office Use Only

Received By: _____ Received On: _____

Sent By: _____ Sent On: _____