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 7-10 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

For Office Use Only

Received By: _____ **Received On:** _____

Sent By: _____ **Sent On:** _____