



# TRANSCRIPT REQUEST

## MOUNT VERNON COMMUNITY HIGH SCHOOL



Fill out the following form and return to the High School Office:

Student Name \_\_\_\_\_

Phone Number Where You Can Be Reached \_\_\_\_\_

Today's Date \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Please send my final transcript to:

\_\_\_\_\_

Student Signature \_\_\_\_\_

Steve Brand, Principal  
Dr. Greg Batenhorst, Superintendent