



Montgomery Area School District
 Doing "whatever it takes" for all students to succeed

RECORDS CENTER REQUEST

120 Penn Street, Montgomery, PA 17752
 Phone: 570.547.1608 extension, FAX: 570.547.6755

DATE:	RE:
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The following information is needed to assist in locating the requested record. Please complete and return this form to the above address. *** Please note that processing a transcript take may take 3-5 business days.***
AUTHORIZED PERSON MUST INCLUDE A COPY OF PICTURE ID WITH THIS FORM IF MAILING.

Print full name of student (include maiden/others) as used in school:

Date of Birth

Name of last school attended in the Montgomery Area system:

Date Graduated:	Date Withdrawn:	Last Grade:
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The District shall charge \$.25 per page for copies of student records released to third-parties and for any additional copies of records for students no longer enrolled in the district.

() Please provide name and addresses of the agency/person to receive document.

<p>(1) _____</p> <p>_____</p> <p>_____</p>	<p>(3) _____</p> <p>_____</p> <p>_____</p>
<p>(2) _____</p> <p>_____</p> <p>_____</p>	<p>(4) _____</p> <p>_____</p> <p>_____</p>

SIGNATURE of authorized person (student if 18 or older), otherwise parent/guardian *(picture ID of authorized person required):*

Printed name of the authorizing person:

Phone Number of the authorizing person (include Area Code):

Present Mailing Address of the authorizing person:

FOR RECORDS CENTER USE ONLY

Exempt from fee payment (state reason): _____

Amt. Paid \$ _____ () Check # _____ () Cash () Other (specify) _____

Number of Documents: () Hand carried: _____ Date: _____

() Mailed: _____ Date: _____

COMMENTS: _____