



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

<b>DATE:</b>	<b>RE:</b>
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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Date Graduated:	Date Withdrawn:	Last Grade: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>_____</p>	<p>(3)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>(2)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>(4)</p> <p>_____</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: \_\_\_\_\_