

CONSENT FOR THE RELEASE OF EDUCATIONAL RECORDS

Please send this form by email to MHS-Transcript@mhs-pa.org or by mailing to:

MHS Enrollment Management
Attn: Transcript Requests
P.O. Box 830
Hershey, PA 17033-0830

Student's Name: _____

Graduation Date: _____ or Last Year Attended: _____

Current Address: _____

Telephone Number: _____ E-mail: _____

Records Requested (Check or Complete):

☐ Official Transcript

☐ Unofficial Transcript

Other (Please Specify) _____

These records are to be sent to this person or organization:

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone Number: _____ FAX: _____

Signature:

MHS USE ONLY:

Date Received: _____ **Date Sent:** _____

Method Sent: _____ **By:** _____