

**CONSENT FOR THE RELEASE OF EDUCATIONAL RECORDS**

Please send this form by email to [MHS-Admissions@mhs-pa.org](mailto:MHS-Admissions@mhs-pa.org) or by mailing to:

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

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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: \_\_\_\_\_

Student's Signature:

\_\_\_\_\_

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**MHS USE ONLY:**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Method Sent: \_\_\_\_\_ By: \_\_\_\_\_