



Mount Union Area School District

603 North Industrial Drive
Mount Union, PA 17066



Fax: (814) 542-8710

Transcript Request

Date: _____

NAME: _____
Last First Middle Maiden

PHONE # _____ GRADUATION DATE _____

DATE OF BIRTH _____ YEAR WITHDREW _____

ADDRESS _____

City State Zip

REASON FOR RELEASE: Employment Educational Purposes
 Other, Please list _____

Employer Name Educational Institution or Other: _____

Address: _____

City State Zip

Attn: _____

Signature

Date

****Please sign and enclose a \$1.00 transcript fee per copy to:**

**Attn: Stephanie E. Stains
Guidance Office
Mount Union Area High School
706 North Shaver Street
Mount Union, PA 17066**

NO PERSONAL CHECKS

Permission is granted to release a photo static copy of my high school records (which includes S.A.T. scores) to the following address.

BOARD
Duane Gearhart, President
Deanna Lee Wagner, Secretary
(814) 542-8631
Fax (814) 542-8633

ADMINISTRATION
Amy J. Smith, Superintendent
Paula Brown, Director of Business Affairs
(814) 542-8631
Fax (814) 542-8633