

Transcript Release Form

For Alumni

- 1) Print out form
- 2) Fill out form COMPLETELY
- 3) Mail the form **with a check for \$5**** to:

**Mt Sophia Academy
P.O. Box 9925,
Newark, DE 19714-5025**

Office Use:
Date Rcvd: _____
Date Sent: _____
Initial: _____

- 4) Allow 3 weeks for the transcripts to be sent

I authorize Mount Sophia Academy to release my academic information (as indicated below)

Student Name: _____
(*please include maiden name if married)

Student Signature: _____

Date of Transcript Request: _____ Date Transcript is Needed**: _____

****If you require a "Rush transcript" (less than 3 weeks): Please include a \$10 check to Mount Sophia Academy **AND** Email the office at mtsophiahs@yahoo.com to notify us of rush request**

(Please PRINT CLEARLY)

Name of College/Institution/Employer where transcript is to be sent	
Are there any other forms which need to be sent with the transcript? <i>YES* or NO</i> (*If Yes, please specify)	
How is the information to be sent? <i>(email, regular mail, or other)</i>	
Address to be used (if transcript is to be mailed or emailed).	