



MEDFORD HIGH SCHOOL
750 2nd Ave SE
Medford, MN 55049
507-214-6303

OFFICIAL TRANSCRIPT REQUEST FORM
Medford High School Alumni

General information regarding transcript processing:

- A signature is required for processing.
- Transcripts will be sent within 2-5 business days of receiving this request.
- Return the completed form via mail or email:

Medford High School
Attn: High School Counselor
750 2nd Ave SE
Medford, MN 55049
srouth@medfordtigers.org

Name: _____
Last First M.I.

Maiden or Former Name: _____

Date of Birth: _____ Year of Graduation: _____ or Dates of Attendance: _____

Current Address: _____

Phone Number: _____ Email: _____

SEND TRANSCRIPT TO: *Please complete either the physical or email address below.*

Institution/Organization:	
Attention:	
Street Address:	
City, State, & Zip Code:	
Email Address:	

Institution/Organization:	
Attention:	
Street Address:	
City, State, & Zip Code:	
Email Address:	

I hereby authorize Medford High School to release my transcript to the address listed above:

Signature: _____ **Date:** _____

* By checking this box and entering your name and date above, you are confirming your signature electronically.

FOR OFFICE USE ONLY Date Received: _____ Date Sent: _____ Sent By: _____