

STUDENT NAME

RICHARD MONTGOMERY HIGH SCHOOL

250 Richard Montgomery Drive Rockville, Maryland 20852

Phone: (240) 740-6120 Fax: (301) 279-8428

Alicia Deeny, Principal



FORMER STUDENTS OFFICIAL and UNOFFICIAL TRANSCRIPT REQUEST FORM

IMPORTANT - IF YOU GRADUATED MORE THAN 5 YEARS AGO, DO NOT FILL OUT THIS FORM. YOU NEED TO CONTACT MCPS CENTRAL RECORDS FOR YOUR TRANSCRIPT:

https://www.montgomeryschoolsmd.org/departments/sharedaccountability/records.aspx

There is a \$3.25 fee for each transcript. Pay via the Richard Montgomery on line payment system and use the Guest Check out:

https://mcpsmd.schoolcashonline.com/Fee/Details/41601/354/False/True

Once you have paid, please email a copy of the receipt to Ms. Stamets.

Allow 10 business days for processing. If you choose to pick up your transcripts, arrive between 8:00 am to 3:00 pm. in the counseling office.

Send this form to <u>Erin M Stamets@mcpsmd.org</u> or drop it off in the counseling office. Call Ms. Stamets at 240-740-6122 if you have any questions or send her an email.

DATE OF BIRTH: /

| БТСВ | | | | |
|---------|--|---------------------|---------------------------------|--------------------------|
| YEAR | OF GRADUATION/OR WITHDRAW | VAL: | MCPS STUDENT ID# | |
| 1. | I request to pick up | | | |
| | Please mail to: | | | |
| 3. | Please email me: (Only unofficial transcripts can be sent directly to student email addresses. If you need an | | | |
| | official transcript sent to an admissions office, see section below.) | | | |
| 4. | Number of transcripts for \$3.25 each | , | , | |
| 5. | Total due: | | | |
| 6. | I request that my transcript be sent el | | dmissions office email address(| |
| If some | eone other than you will pick up the | transcript, sign be | low and provide their name: | |
| I, | am allowing | | to pick up my transcrip | ot(s). |
| Studen | Signature | Date | | |
| | RTANT: If you want to pick up hard coill contact you when your order is read | | mail address or phone number th | hat you check regularly, |
| Email a | address | Phone 1 | Number | |
| Office | Use Only: Date Processed | Date Notified | Amount Paid | |