

REQUEST FOR TRANSCRIPT FORM

Student Information:

Student Name: _____

Person Requesting Transcript: _____

Student Mailing Address: _____
Street/P. O. Box City State Zip

Student Email Address: _____ Phone: _____

Social Security Number: _____ Birth Date: _____

Graduation Year: _____ Date Requested: _____

According to school policy, each student is provided with a sealed official transcript free of charge at graduation. For student use, an unofficial copy is also included with official graduation documents. Thereafter, requests for additional transcripts must be made using the MSA Request Transcript Form. Costs for each additional transcript is **\$5.00** to defer costs of postage and handling.

Payment must be remitted via money order made out to Mississippi School of the Arts.

After student reach the age of 18 or graduate from high school, federal privacy laws prevent parent/guardian from requesting transcript. This request must be signed by student after graduation or age 18.

Mail Transcript To:

Institution/Organization Name: _____

Contact Name/Department: _____

Mailing Address: _____
Street or P. O. Box
City State Zip

Transcript requests without institution/organization mailing address will not be processed.

Special instructions to MSA: _____

Student Signature

Date

Mail this form to: Registrar
Mississippi School of the Arts
P. O. Box 229
Brookhaven, MS 39602-0229

TRANSCRIPTS WILL NOT BE PROCESSED WITHOUT PAYMENT.