



MONSON HIGH SCHOOL

DEPARTMENT OF GUIDANCE & STUDENT SUPPORT SERVICES

55 Margaret Street, Monson, Massachusetts 01057 – 1099 ♦ Phone: (413) 267-4589 ♦ Fax: (413) 267-4157

Robert E. Bardwell
School Counselor & Director

Kristen J. Sorel
School Counselor

Jennifer N. Gouvin
Career Facilitator

Maria Maloney
School Social Worker

TRANSCRIPT RELEASE FORM

*Please send this completed form to:
Monson High School
55 Margaret Street
Monson, MA 01057
Attn: Guidance Office*

Date of Request: _____

Year of Graduation: _____

Date of Birth: _____

Name: _____ **Tel. No.:** _____
(first) (middle) (Last, maiden name if married)

- Unofficial Copy
- Official Copy (must be mailed directly to college or organization).
- SAT Scores or ACT Scores
- MCAS Scores

I authorize Monson High School to release my transcript including test scores to:

Name and Address of College, Institution, or Scholarship:

Signature _____

For office use only.

Date Processed on: _____ **Processed by:** _____