

# Mason County Eastern Transcript Request Form

Please fill out and return to:  
Email: nwallman@mceschools.com  
Fax: 231-757-9671  
Mail: Mason County Eastern Schools  
18 S. Main Street  
Custer, MI 49405

REQUEST FROM:

Name: \_\_\_\_\_  
Name at Graduation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_

I, \_\_\_\_\_, give Mason County Eastern permission to send \_\_\_\_\_ copies of my official transcript to the name and address identified below.

Thank you,

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

WHERE TRANSCRIPTS SHOULD BE SENT

Organization's Name: \_\_\_\_\_  
Address: \_\_\_\_\_