

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,

Signature

Date: _____

WHERE TRANSCRIPTS SHOULD BE SENT

Organization's Name: _____

Address: _____