

Registrar's Office  
717-871-5005  
Fax: 717-872-3016  
www.millersville.edu

## TRANSCRIPTS TO BE MAILED

HIGH SCHOOL DUAL ENROLLMENT RELEASE FORM

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Millersville ID (if applicable)

\_\_\_\_\_  
Maiden or other name(s) under which records may exist

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Currently enrolled at MU?

\_\_\_\_ Yes \_\_\_\_ No If no, date last attended: \_\_\_\_\_

### MAIL TRANSCRIPTS

After one of the following:

After posting grades for:

(Check the term you are enrolled  
as dual enrollment for this  
request)

\_\_\_\_ Fall

\_\_\_\_ Winter

\_\_\_\_ Spring

\_\_\_\_ First Summer

\_\_\_\_ Second Summer

\_\_\_\_ Third Summer

Mail 1 # copy(ies) to:

Special Request (in signed, sealed envelope)

Address 1 (Insert HS Guidance Address)

This form is for authorization of release to your high school guidance office only. If you need a transcript for yourself or for another institution, you must pay the transcript fee and follow the process on our website: <https://www.millersville.edu/registrar/gradesandrecords/transcripts.php>

\_\_\_\_\_  
Student Written Signature (required)

\_\_\_\_\_  
Date

THERE IS NO TRANSCRIPT FEE.  
PLEASE ALLOW 3 - 5 BUSINESS DAYS FOR PROCESSING.