

# Transcript Request Form

To: Registrar

Manhattan Alternative High School

Fax - 785-587-2134

Date:
Student Name:
Date of Birth:
Last 4 of SSN:
Phone Number:
Send transcript to:

**Mail**

Address:

City, State, Zip:

Contact:

**Fax**

Number:

Contact:

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Student's Signature (Parent or Guardian if under age of 18)