



# MONSON HIGH SCHOOL

## DEPARTMENT OF GUIDANCE & STUDENT SUPPORT SERVICES

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**Robert E. Bardwell**  
School Counselor & Director

**Amy J. Scully**  
School Counselor

**Elaine Devine**  
Career Facilitator

**Arthur Hyman**  
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** \_\_\_\_\_

**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:**

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**Signature** \_\_\_\_\_

*For office use only.*

**Date Processed on:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_