



RICHARD MONTGOMERY HIGH SCHOOL

250 Richard Montgomery Drive
Rockville, Maryland 20852
Phone: (240) 740-6120 Fax: (301) 279-8428
Alicia Deeny, Principal



FORMER STUDENTS OFFICIAL and UNOFFICIAL TRANSCRIPT REQUEST FORM

IMPORTANT - IF YOU GRADUATED MORE THAN 5 YEARS AGO, DO NOT FILL OUT THIS FORM. YOU NEED TO CONTACT MCPS CENTRAL RECORDS FOR YOUR TRANSCRIPT:

<https://www.montgomeryschoolsmd.org/departments/sharedaccountability/records.aspx>

There is a \$3.25 fee for each transcript. Pay via the Richard Montgomery on line payment system and use the Guest Check out:

<https://mcpsmd.schoolcashonline.com/Fee/Details/75224/354/False/True>

Once you have paid, please email a copy of the receipt to Ms. Stamets.

Allow 10 business days for processing. If you choose to pick up your transcripts, arrive between 8:00 am to 3:00 pm. in the counseling office.

Send this form to [Erin M Stamets@mcpsmd.org](mailto:Erin_M_Stamets@mcpsmd.org) or drop it off in the counseling office. Call Ms. Stamets at 240-740-6122 if you have any questions or send her an email.

STUDENT NAME: _____ DATE OF BIRTH: ___/___/___

YEAR OF GRADUATION/OR WITHDRAWAL: _____ MCPS STUDENT ID# _____

1. I request to pick up ___
2. Please mail to: _____
3. Please email me: (Only **unofficial** transcripts can be sent directly to student email addresses. If you need an **official** transcript sent to an admissions office, see section below.) _____
4. Number of transcripts for \$3.25 each _____
5. Total due: _____
6. I request that my transcript be sent electronically to an admissions office email address(es):

If someone other than you will pick up the transcript, sign below and provide their name:

I, _____ am allowing _____ to pick up my transcript(s).

Student Signature _____ Date _____

IMPORTANT: If you want to pick up hard copies, include an email address or phone number that you check regularly, and I will contact you when your order is ready for pick up.

Email address _____ Phone Number _____

Office Use Only: Date Processed _____ Date Notified _____ Amount Paid _____