

Milo Adventist Academy

Transcript Request Form

The first transcript after graduation is free! For any subsequent transcript, please send this completed form along with **\$15.00 per transcript** to:

**Transcripts
Milo Adventist Academy
P.O. Box 278
Days Creek, OR 97429**

Please note: Official transcripts must be sent directly to a school or employing organization. Copies sent to the individual are unofficial. Faxed copies are also unofficial.

Person requesting transcript:

Year of graduation _____ or last year of attendance _____ Date of birth (mm//dd/yy) _____ / _____ / _____

Current Last Name _____, First Name _____

Last Name when at Milo _____ Phone number _____

Current Address: Mailing Address _____

City _____ State _____ Zip _____

Country _____

Yes, I would like to receive alumni information. Please update my address.

Your signature: _____ * Your signature is required before transcripts can be released.

Please send a transcript to:

Name _____

School or Organization _____

Address _____

City _____ State _____ Zip _____

Country _____

Date transcript needs to arrive _____

Please send additional transcripts to:

Name _____

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Please use the back of this sheet to request additional transcripts.