

# North Montgomery High School

5945 N. US Highway 231  
Crawfordsville IN 47933-9011

Phone: 765-362-5140

Fax: 765-362-6710

## Transcript and/or Immunization Release

*Please allow a minimum of 48 hours to process  
We will make every effort to respond as quickly as possible to your request*

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name on school records/transcript

\_\_\_\_\_  
Print your current name if different

Graduation year: \_\_\_\_\_

Date of birth: \_\_\_\_\_

What are you requesting? \_\_\_\_\_ Transcript \_\_\_\_\_ Immunization Record

\_\_\_\_\_ I will pick up my records

\_\_\_\_\_ Please mail my records

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature required \_\_\_\_\_

In order to provide security to our students and graduates, we are unable to fax records.