



# 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

**DO NOT USE THIS FORM IF YOU GRADUATED MORE THAN 5 YEARS AGO. CONTACT MCPS  
CENTRAL RECORDS AT:**

<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.schoolcashionline.com/Fee/Details/9651/354/False/True>

Once you have paid, please email a copy of the receipt to Mrs. 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 Mrs. 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 \_\_\_\_\_