



Memphis Academy of Science and Engineering Records Request Form

Office Use Only
Completion Date:

PLEASE NOTE THAT IT WILL TAKE 2 TO 3 BUSINESS DAYS TO PROCESS RECORDS REQUEST

Student Name: _____ Date: _____

Grade Level: _____ Phone Number: _____

Last Grade Completed at MASE: _____ Graduation Year: _____

Instructions: Please check the item(s) below you want to pick up from the Main Office
or mailed to the school(s) or college(s).

Birth Certificate _____ Social Security Card _____ Shot Records _____

TCAP Scores _____ ACT/SAT Scores _____ Report Card _____

Transcript* _____

*First 3 Transcripts are FREE for CURRENTLY ENROLLED MASE students. Additional transcript requests are \$2.00 each. ALL other transcript requests (including former and postgraduate students) are \$2.00 each.

Instructions: If you would like MASE to mail the information above, please list the name and mailing address of the school(s) or college(s) below.

(1) Name of School/College: _____

Mailing Address of School/College: _____

City: _____ State: _____ Zip Code: _____

(2) Name of School/College: _____

Mailing Address of School/College: _____

City: _____ State: _____ Zip Code: _____