



Mohawk Trail Regional School
26 Ashfield Road
Shelburne Falls, MA 01370
Phone 413.625.9811 Fax 413.625.6652
Chris Buckland, Principal
Diane Zamer, Assistant Principal

REQUEST FOR ACADEMIC TRANSCRIPT

Name: _____

Maiden Name, if applicable: _____

Phone number: _____

Email: _____

Date of Graduation: _____ OR Dates of Attendance: _____

Date of Birth: _____

Type of Transcript Requested:

Official (With School Seal) Unofficial

Method of Delivery

Mail Pickup

Send Transcript(s) to:

Signature: _____ Date: _____

Please note that all requests must be in writing and a signature is required. Allow for 5 school days for the processing of transcript requests. (Processing time may be longer during the summer months.) There is no rush service available.

You can mail, fax or email your request to the Student Services Office:

Mail: Mohawk Trail Regional High School, Attn: Registrar, 26 Ashfield Road, Shelburne Falls, MA 01370

Fax: (413) 625-6652 – Attention-Registrar Email: sgarcia@mtrsd.org