

AMESBURY HIGH SCHOOL TRANSCRIPT REQUEST FORM

Print

Current Name _____
Last First M. I. Year Graduated **OR**
Years of Attendance

IF DIFFERENT, print

Name used while attending _____
Last First M. I. Date of Birth

Current
Address _____

Number Street Town, State/Zip Phone Number

Per school policy, official transcripts, which have a signature and a raised, embossed seal, must be sent directly to a college/institution or potential employer. Individuals may only receive unofficial copies of their transcript. There is no charge for either format of transcript requested.

Please indicate action(s) required.

☐ Mail an unofficial transcript to me at the address above.

☐ Email an unofficial transcript to me at _____

☐ Mail an official transcript to the address(es) listed below.

☐ Fax an official transcript to the fax number(s) listed below.

☐ Email an official transcript to the email address(es) listed below.

Name of School

Name of School

Office or person directed to

Office or person directed to

Street

Street

Town State Zip

Town State Zip

Fax Number

Fax Number

Email

Email

I understand that a written request must be completed each time I make a transcript request.

I understand that it may take up to two business days for this request to be processed.

SIGNATURE

DATE