

# NASHUA HIGH SCHOOL SOUTH

36 Riverside Street  
Nashua, NH 03062

Phone: 603-589-4311

Fax: 603-589-8722

## REQUEST FOR TRANSCRIPT

**Student Name:**  
(at time of graduation) \_\_\_\_\_ **(Please Print)**

**Year of Graduation** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Best Phone # contact** \_\_\_\_\_

**Where to send transcript:** \_\_\_\_\_  
**Attention:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Deadline (if applicable):** \_\_\_\_\_

**\*\*COLLEGES REQUIRE AN OFFICIAL SCORE REPORT (Students must request their official score reports from the College Board (SAT) and/or Educational Testing Service (ACT) and have them sent directly to the college).**

**Please remember that there is a \$3.00 charge on each request which may include one or all of the above documents.**

**I (we) understand that Nashua High School requires approximately 2 weeks to process and send the information requested. My signature below indicates my permission to send my transcript and the like to the school/agency I have listed above.**

**Student Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_  
(if student is under 18)

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### For office use only:

**Date Received:** \_\_\_\_\_

**Date fulfilled/mailed:** \_\_\_\_\_