

# NASHUA CENTER FOR LIFELONG LEARNING ADULT DIPLOMA PROGRAM

## REQUEST FOR TRANSCRIPT

Please print clearly:

Student's Name (at time of graduation): \_\_\_\_\_

Student's Year of Graduation: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_

Where to send transcript: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transcripts cannot be processed unless this form is complete and payment in the amount of \$5.00 per request is received**

I (We) understand that NCLL requires 1 week to process the request after payment is received.

I (We) give permission to NCLL to send my transcript to the agency listed above.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(18 years or older no parent signature required)

### **Nashua Center for Lifelong Learning**

Phone: (603) 966-2420 Fax: (603) 966-2441 Email: NCLL@Nashua.edu

Nashua High School North  
8 Titan Way, Nashua, NH 03063

Nashua High School South  
36 Riverside Street, Nashua, NH 03062

For office use only:

Date Request Received: \_\_\_\_\_ Date Fulfilled: \_\_\_\_\_

Form of Payment: Cash \$: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_