

NASHUA HIGH SCHOOL SOUTH

36 Riverside St
Nashua, NH 03062

Phone: 603-966-1100

Fax: 603-966-1328

REQUEST FOR TRANSCRIPT

A \$3.00 FEE IS REQUIRED PER REQUEST SUBMITTED

Student Name: _____ (Please Print)
(at time of graduation)

Year of Graduation _____ Date of Birth: _____

Day School Graduate _____ Night School Graduate _____

Email address: _____ Best Phone # contact _____

Where to send transcript: _____

Deadline (if applicable): _____

I (we) understand that Nashua High School requires approximately 1 week 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.

****COLLEGES REQUIRING AN OFFICIAL SCORE REPORT, student 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.

Student Signature _____

Parent Signature _____
(if student is under 18)

For office use only:

Date Received: _____ Date fulfilled/mailed/faxed: _____

Payment Received: _____