

NASHUA HIGH SCHOOL SOUTH

36 Riverside St.
Nashua, NH 03062

Phone: (603)-966-1100

Fax: (603)-966-1328

REQUEST FOR TRANSCRIPT

A **\$5.00 FEE** IS REQUIRED PER REQUEST SUBMITTED

Student Name:

(at time of graduation) _____ (Please Print)

Year of Graduation: _____

Date of Birth: _____

Day School Graduation: _____

Night School Graduation: _____

Email Address: _____

Best Phone Number Contact: _____

Where to send the 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 to the school/agency I have listed above.

****COLLEGES REQUIRING AN OFFICAL 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. We do NOT have your scores.

Please remember that there is a \$5.00 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:** _____