AMESBURY HIGH SCHOOL
TRANSCRIPT REQUEST FORM

Print Name_____ _____
Last /Maiden, if different First M. I. Yr Grad

Current Address_____ _____
Number Street Town State/Zip Phone Number

Indicate action(s) required.

☐ Please send an unofficial transcript to my attention at the address above.

☐ Please send an official transcript to the school address(es) or fax number(s) listed below.

_____
Office or person directed to

_____
Name of School

_____
Street

_____
Town State Zip

_____
Fax Number

_____
Office or person directed to

_____
Name of School

_____
Street

_____
Town State Zip

_____
Fax Number

_____
Office or person directed to

_____
Name of School

_____
Street

_____
Town State Zip

_____
Fax Number

_____
Office or person directed to

_____
Name of School

_____
Street

_____
Town State Zip

_____
Fax Number

I UNDERSTAND THAT A WRITTEN REQUEST MUST BE COMPLETED EACH TIME I MAKE A TRANSCRIPT REQUEST.

_____ _____
SIGNATURE **DATE**

Updated 8/1/2014