**North Reading High School**

**GRADUATE/FORMER STUDENT TRANSCRIPT REQUEST FORM**

**Name:**

****

**Former Name (if different from above): **

**Year of Graduation or Dates of Attendance:** 

This form is intended for use by graduates or former students of North Reading High School. It should be used when a graduate or former student wishes to have his/her transcript released to a third party. In the following spaces, please list any institutions, organizations and individuals to which you wish to have your transcript released. Be sure to complete all the requested information for each recipient and to sign and date this form at the bottom. Please use more than one form if necessary. This form can be mailed, faxed, or scanned and emailed to the NRHS Guidance Department using the following information:

**Mail**: Guidance Department, North Reading High School, 189 Park Street, North Reading, MA 01864

**Fax:** 978-664-7826

**Scanned/Emailed:** Linda Burke, Guidance Administrative Assistant – lburke@nrpsk12.org

Recipient:



Mailing Address or Email Address or Fax # (and/or any other relevant information):



Recipient:



Mailing Address or Email Address or Fax # (and/or any other relevant information):



Recipient:



Mailing Address or Email Address or Fax # (and/or any other relevant information):



I hereby authorize the release of my transcript to the above-listed institutions, organizations and individuals.

**Signature:**  **Date:** 