

ALUMNI TRANSCRIPT REQUEST FORM

- Official copies of transcripts will be sent directly to a College or Employer.
Unofficial copies may be sent to you if requested. If an official, sealed copy is required please specify.
PLEASE INCLUDE A \$3.00 FEE PER COPY WITH YOUR REQUEST. CHECKS SHOULD BE MADE PAYABLE TO : Timberlane Regional High School, 36 Greenough Road, Plaistow, NH 03865

PLEASE PRINT:

Name as it appeared on diploma (Maiden Name):

Year of Graduation: Graduated from day or evening division: (Circle one) Day Evening

Address:

Tel: Email:

Please send a copy of my transcript to the institution(s) listed below:

1. College/Employer Street City, State, Zip List email address if you would like it sent via email: Special requests:

2. College/Employer: Street City, State, Zip List email address if you would like it sent via email: Special requests:

3. Please send a copy to me at my address listed above (Check here to receive copy)

(Circle one) Official Sealed Copy Unofficial Copy

Alumni's Signature:

\$

Signature required. Request will not be processed without signature.

Total Fee enclosed