

FORMER STUDENT TRANSCRIPT REQUEST FORM

Please download and complete this form. Return it to the School Counseling Center by any of the following methods:

MAIL: HDHS, Transcripts, 12 Hillcat Drive, Hillsboro, NH 03244.

FAX: 603-218-6604

SCAN & EMAIL: pkallander@hdsd.org , OR

****Take a photo with your Smartphone and email it to:** pkallander@hdsd.org

When submitting a request, please be aware that every effort is made to fulfill your request within 48 hours during regular school days. Consider submitting your request at least one (1) week prior to your submission deadline to insure appropriate time to fulfill the request. A phone number must be provided to contact you if there are questions regarding your request.

Please indicate if transcripts will be: _____ Picked up by you

OR _____ Mailed to the address, or addresses, listed below

REQUIRED INFORMATION:

YOG: _____ **DOB:** _____ **Telephone Number:** _____
(year of graduation is required even if you did not graduate)

Maiden Name (if applicable): _____

SEND TO: (provide the name of the college, employer, or person you are sending the transcript to)	ADDRESS: (provide the address of the college, employer or person the transcript is being sent)

X _____ X _____
(Name at time of graduation – please print) (Signature – electronic signature not valid)

COUNSELING CENTER USE ONLY:

Received: _____

Completed: _____