

# HVERHILL HIGH SCHOOL

137 Monument Street, Haverhill, MA 01832  
5716  
Guidance Department

Tel: 978-374-  
Fax: 978-372-7419

## REQUEST FOR TRANSCRIPT

DATE: \_\_\_\_\_

I, \_\_\_\_\_ (Please Print Name Clearly), hereby give my permission for Haverhill High School to forward my high school records and other pertinent information.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

I graduated from Haverhill High School in \_\_\_\_\_ *Or*

I am in grade \_\_\_\_\_ at Haverhill High School

Please send my transcript to:

Name: \_\_\_\_\_

Number & Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**\*PLEASE NOTE:** Transcript requests will be processed within 48 hours. Incomplete addresses could result in a processing delay.

**Date Mailed** \_\_\_\_\_