

**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 sent or faxed to the NRHS Guidance Department using the following information:

Guidance Department, North Reading High School, 191 Park Street, North Reading, MA 01864
Fax: 978-664-7826

Recipient: _____

Address: _____
(and/or other relevant
contact information)

Recipient: _____

Address: _____
(and/or other relevant
contact information)

Recipient: _____

Address: _____
(and/or other relevant
contact information)

I hereby authorize the release of my transcript and any additional requested parts of my student record to the above-listed institutions, organizations and individuals.

Signature: _____

Date: _____