

ABINGTON HIGH SCHOOL

GUIDANCE DEPARTMENT

TRANSCRIPT REQUEST FORM FOR ABINGTON HIGH SCHOOL GRADUATES

Year of AHS graduation _____ DOB _____

Full name at graduation _____

I, _____

Give permission for AHS to:

_____ Send a copy of my official transcript to the name and address listed below.

_____ Provide me with an unofficial copy of my transcript.

_____ Provide me with an official copy of my transcript in a sealed envelope.

_____ Release my transcript to another designated person – listed below.

Name of college, scholarship, work, union or person

Address, City, State, Zip Code

Signature

Date

Contact telephone number: _____

Please fax this form to the AHS Guidance Office at 781-982-2166 or submit to AHS Guidance Office, 201 Gliniewicz Way, Abington, MA 02351

For Office Use Only: Date Sent _____