

# TRANSCRIPT REQUEST FORM FOR ASHLAND HIGH SCHOOL GRADUATES

Name of Student: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    (Maiden)

Year of Graduation: \_\_\_\_\_

Current email address or phone number: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

I hereby authorize release of my high school transcript to the college or university listed below:

College or University: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

OR to this email address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Deadline or due date (if applicable): \_\_\_\_\_

Please return this form to:     School Counseling Department  
  Ashland High School  
  65 East Union Street  
  Ashland, MA 01721

Date sent: \_\_\_\_\_