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Guidance Department

Attention: Mrs. Freeman

Phone: 508-222-5150 ext. 1235

Fax: 508-222-7813

**ATTLEBORO PUBLIC SCHOOL SYSTEM
100 RATHBUN WILLARD DRIVE
ATTLEBORO, MASSACHUSETTS 02703**

TRANSCRIPT REQUEST FORM

I _____ give permission for the following:
(NAME) (PRINT CLEARLY) (D.O.B)

Full Name (While in School)

LAST

FIRST

MIDDLE

*PARTS OF RECORD TO BE RELEASED:
(48 hours notice required)*

*Permission
Granted*

*Permission
Denied*

- TRANSCRIPT** information (includes identifying information, course titles, grades or their equivalent, and grade level completed)

- SAT & COLLEGE BOARD SCORES**

- RECOMMENDATIONS & EVALUATIONS**
(COUNSELOR & TEACHER)

- OTHER (SPECIFY)** _____

Do you want us to call you when it's ready and you can come back and pick it up? Y / N

OR

Send It To: _____

Signature of student/guardian

Today's date



Daytime Phone Number

Year Graduated / Year Left School



This form may be signed by a student or former student 14 years of age or a legal guardian.