



HAMILTON-WENHAM

REGIONAL HIGH SCHOOL

**775 Bay Road
South Hamilton, MA 01982
Tel. 978-468-0400 ♦ Fax 978-468-0241**

Transcript Request Form

Please forward requests to Sandy Williams, Guidance Secretary
s.williams@hwschools.net

Student Information: (Please print clearly, sign and date at the bottom)

Current Name: _____

Last

First

MI

Former Last Name (If applicable): _____

Year of Graduation: _____ Date of Birth: _____

Current Address: _____

E-Mail Address: _____ Telephone # _____

Transcript Information: (please allow 3-5 days for processing)

I am requesting: _____ Student Copy (unofficial transcript), number of copies _____
_____ Official Copy (in sealed envelope), number of copies _____

Transcript(s) will be picked up, please notify me when ready by email telephone

Mail transcript(s) to: me at the above address and/or to the following institutions:

NOTES: _____

Parent/Guardian Signature or Student if over 18 years of age

Date of Request