



# HOLLIS BROOKLINE HIGH SCHOOL

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## TRANSCRIPT REQUEST for former students

Student Name: \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Number requested: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Please list complete **name and address** where transcripts will be sent.

1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use back side for additional addresses*

I authorize Hollis Brookline High School to release my transcript to the schools listed above.

\_\_\_\_\_  
Signature

**Please email the completed form to [suzanne.randlett@sau41.org](mailto:suzanne.randlett@sau41.org)**

For Office use only:

Transcripts Sent: \_\_\_\_\_ Authorized personnel: \_\_\_\_\_

We value:

Integrity Intellectual Curiosity Innovation Individuality Involvement in **HBHS** Community