



Kerran Goff, Lead Guidance Counselor
James Shannon, Guidance Counselor
Robin Conathan, Guidance Counselor

Janice Webb, Secretary

PEMBROKE HIGH SCHOOL GRADUATED STUDENT TRANSCRIPT REQUEST FORM

LAST NAME: _____ FIRST NAME: _____

NAME AT TIME OF GRADUATION: _____

DOB: _____ Year of Graduation: _____

I give permission for PHS 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:

Institution / Organization or Person

Address

City

State

Zip

Option 1: Print and Complete form, take a picture of it *or* make a copy and fill out digitally and email to Janice.webb@pembrokek12.org

Option 2: Complete form and fax to the PHS Counseling Office at 781-294-8431

Option 3: Complete form and send it to PHS Counseling Office, 80 Learning Lane Pembroke, MA 02359.

Signature

Date

To be completed by PHS Personnel:

Date Sent _____