

**Old Rochester Regional High School
Registrar's Office
135 Marion Road
Mattapoisett, MA 02739
Phone: 508-758-3745 ext 1424
Fax: 508-758-9589
TRANSCRIPT RELEASE FORM**

Date: _____

Name: _____ Maiden Name _____

Year of Graduation _____ DOB _____

Current Address _____

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I HEREBY AUTHORIZE OLD ROCHESTER REGIONAL HIGH SCHOOL
TO RELEASE A TRANSCRIPT OF MY GRADES TO:

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Signature: _____

Please note: There is a charge of \$2.00 per transcript requested (cash or
check made payable to Old Rochester Regional High School)

Return to: Kelly Bertrand, Registrar kellybertrand@oldrochester.org