High School Transcript Request Form

Name of High School

City

State Zip Code

Please fax my high school transcript to (617) 236-5473 and forward any official copy to the following address:

FISHER COLLEGE OFFICE OF ADMISSIONS
118 Beacon Street, Boston, MA 02116
Tel: (617) 236-8818 Fax: (617) 236-5473
E-mail: admissions@fisher.edu
www.fisher.edu

Signature

Name (please print)

Graduation Year

Social Security Number

Date of Request