

North Middlesex Regional High School

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ALUMNI TRANSCRIPT REQUEST

Requests are usually processed and your transcript sent in one to two business days. However, at certain times of the year there may be a slight delay due to the heavy volume of requests.

Please fill in **ALL** information completely. **A signature is required.** After completing the request, please either: Mail, fax, e-mail, or drop off at NMRHS.

Date:		Date of Birth:	
Present Name:		Name at Graduation:	
Current Address:			
Year of Graduation or Date:		Phone Number:	

Check boxes that apply:

☐ Mail to: School/Job or Name: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ E-mail to: _____

Most schools accept transcripts sent from district email as official.

☐ Fax to: _____

Most schools do NOT accept faxed transcripts as official.

☐ Hold for personal pick-up

Complete the following if someone besides yourself will Pick-up your transcript.

I authorize NMRHS to release my transcript to: _____

SIGNATURE: _____ **DATE:** _____

***Office Use Only** ☐ E-mailed

☐ Faxed ☐ Mailed ☐ Pickup

Date: _____