



Dover-Sherborn

Regional High School

REQUEST FOR TRANSCRIPT (FORMER STUDENT)

Today's Date: _____

Student's Name: _____ Maiden: _____

Date of Birth: _____

Year of Graduation: _____

ADDRESS OF COLLEGE/HOME/EMPLOYER WHERE TRANSCRIPT(S) ARE TO BE SENT:

1. Name: _____
Address: _____
City, State, Zip _____

2. Name: _____
Address: _____
City, State, Zip _____

***If you are requesting additional copies include address on the back of this form or on an attached sheet.**

****For transcript to remain official, it must be sent directly to college/employers. Only unofficial transcripts will be sent to home addresses.**

I hereby grant permission for Dover-Sherborn High School to release my official transcript to the above address(es).

Signature: _____

Present address: _____

Telephone #: (_____) _____

Email contact: _____

**Please return form to:
Dover Sherborn High School Guidance Office
9 Junction Street
Dover, MA 02030**

Office Use Only

Date Received: _____ by _____

Date Sent: _____ by _____