

Winnisquam Regional High School
Transcript Request Form

Name: _____ DOB: _____

Name while attending WRHS: _____

Current Phone Number: _____

Year of Graduation OR last year attended: _____

Where would you like your transcript sent?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When you have completed this form, please fax (603-286-7409) or mail to:

Kathy Boudreau, Guidance Secretary
Winnisquam Regional High School
435 West Main Street
Tilton, NH 03276

By signing below, I give my permission for Winnisquam Regional High School to send my official transcript to the above named party. I understand without my signature on this form, Winnisquam Regional High School will not send my official transcript.

(Printed Name) (Date)

(Signature) (Date)