

Avon Middle-High School
Guidance Office
287 West Main Street
Avon, MA 02322
508-583-4822 ext.1109
Fax: 508-588-5501/Attention: Mrs. Cartwright

REQUEST FOR TRANSCRIPT

First name: _____ Initial: _____ Last name (maiden name) _____

Date of birth: _____ Year of graduation: _____ (or last year in attendance) _____

Please include a phone number where you can be reached in case we need additional information. _____

I understand there is a \$2.00 (cash only) charge per transcript for this service (initial here): _____

Requests cannot be processed until payment is received.

I authorize Avon Middle-High School to release my transcript as follows: (check all that apply)

☐

to the workplace/institution listed below: (include full name and complete address)

(Please note that most schools/colleges/workplaces require the transcript be sent directly from Avon Middle-High School, and will not accept a transcript from a student/former student.)

1. _____

2. _____

3. _____

☐

to be mailed to me at the following address: (I understand this transcript will be stamped "issued to student" and will not be acceptable at most workplaces and colleges.)

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I will pick up the transcript from the guidance office at Avon Middle High School (please allow 2-3 days). (I understand this transcript will be stamped "issued to student" and will not be acceptable at most workplaces and colleges.)

Signature: (not valid without student signature)

Date:

Please send \$2.00 fee per transcript and this request form to the guidance office at the above address.

If you are faxing the request, please send fee and a copy of this request form to the guidance office at the above address.

If you have any questions, please call Mrs. Cartwright at 508-583-4822; extension 1109.