

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

**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.)

\_\_\_\_\_

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. Sass at 508-583-4822; extension 1109.**