



JOHN STARK REGIONAL HIGH SCHOOL
Counseling Center

Alumni/Former Student Transcript Request Form

Name (Please Print): _____ Maiden Name (If Applicable): _____

Date of Birth: _____ Year of Graduation or Dates of Attendance: _____

Phone #: _____ e-mail: _____

Quantity of **OFFICIAL** TRANSCRIPTS: ____ Please note that **official** transcripts must be sealed and sent directly from JSRHS to colleges/universities, scholarship organizations or prospective employers. Should you like to request a transcript for your personal records, a copy marked "unofficial" will be issued. Any transcript handed to a student or picked up will be considered **unofficial**.

1. Name of College/Organization: _____

Department/Attn: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

2. Name of College/Organization: _____

Department/Attn: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

3. Name of College/Organization: _____

Department/Attn: _____

Street Address: _____

Town/City: _____ State: _____ Zip Code: _____

Quantity of **UNOFFICIAL** TRANSCRIPTS: ____ (May be sent by MAIL, E-MAIL, FAX, OR PICKED-UP)

Attn: _____ Mailing Address: _____

Fax #: ____ - ____ - ____ OR e-mail address: _____

By signing below, I (we) grant permission for JSRHS to send my transcript to the college/organization(s) listed above.
I also understand that JSRHS may require up to 7-10 days to process and send the information requested.

SIGNATURE: _____ DATE: _____

Please return this form to:

John Stark Regional High School Counseling Center, Attn: Registrar
618 North Stark Highway, Weare, NH 03281.

Form may also be scanned and emailed to: jsrhs.scc@sau24.org OR faxed to (603) 529-5299.

Office Use Only: Date Received: _____ Date Sent: _____ Sent By: _____