

MANCHESTER HIGH SCHOOL WEST

9 Notre Dame Avenue

Manchester, NH 03102

TRANSCRIPT REQUEST FORM

(Please use one form for each school)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name at Time of Graduation (if different) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print the Name & Address of School You Want Transcript Sent To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *There is a \$2.00 fee for each transcript sent. Please send a cash or money order.*

Deadline for School to Receive Transcript \_\_\_\_\_

Mail Transcript Request Form and Fee To:

Manchester High School WEST

Attn: Guidance Dept - Transcript Request

9 Notre Dame Avenue

Manchester, NH 03102

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*OFFICE USE:*

Rec'd \$2.00 Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Date

Transcript Mailed \_\_\_\_\_

Date

Initial of Sender