

Framingham High School
Transcript Request Form / PAST GRADUATE

.....*There is a 10 (working) day request period.*.....

Student Name: _____
 (at time of graduation) _____ Telephone No. _____

Date of Transcript Request: _____ Year of Graduation: _____
 (If prior to 1992, was it North or South High School)

Signature: _____

PLEASE SUBMIT COMPLETED REQUEST FORM AND SEND TO FHS COUNSELING OFFICE

Mail: Framingham High School, Counseling Department, 115 "A" Street Framingham, MA 01701

Fax: 508-877-2201 or 508-877-6603

Email: fhs_transcripts@framingham.k12.ma.us

<p>1. <u>Official Transcript</u> School Name: _____ School Address: _____ _____ _____ Admissions Deadline: _____</p>	<p>2. <u>Official Transcript</u> School Name: _____ School Address: _____ _____ _____ Admissions Deadline: _____</p>
<p>3. <u>Official Transcript</u> School Name: _____ School Address: _____ _____ _____ Admissions Deadline: _____</p>	<p style="text-align: center;"><u>UNOFFICIAL REQUEST</u></p> <p><u>Student Name:</u> _____</p> <p><u>Mailing Address:</u> _____ _____ _____</p>