

**Whitman-Hanson Regional High School
Student Counseling Department**

TRANSCRIPT REQUEST FORM

Year of WHRHS Day School Graduation_____Non Grad_____

Or Year of WHRHS Community Evening School Graduation_____

Full name at Graduation_____D.O.B._____

I, _____

Give permission for WHRHS to:

_____Send a copy of my official transcript to the name and address listed below.

_____Provide me with an unofficial copy of my transcript.

_____Provide me with an official copy of my transcript in a sealed envelope.

_____Release my transcript to another designated person – listed below:

Name of college, scholarship, work, union or person.

Address, City, State, Zip

Signature _____/_____ Date

• CONTACT TELEPHONE # _____

Please complete and sign this form and fax it to the WHRHS Guidance Office at 781-618-7098 or submit it to WHRHS Guidance Office, 600 Franklin St. Whitman, MA 02382. You may also take a picture (or scan) of this completed/signed form and email it to: Katherine.Getchell@whrsd.org