

EXETER HIGH SCHOOL - COUNSELING DEPARTMENT
OFFICIAL TRANSCRIPT RELEASE FORM

MAIL: EXETER HIGH SCHOOL GUIDANCE, ONE BLUE HAWK DRIVE, EXETER, NH 03833

EMAIL: DSOEHNER@SAU16.ORG OR LDIGAN@SAU16.ORG OR FAX: 603-775-8490 (GUIDANCE DIRECT FAX)

STUDENT NAME (PLEASE PRINT)

DATE OF BIRTH

NAME WHEN ENROLLED (IF CHANGED)

YEAR OF GRADUATION

CURRENT PHONE NUMBER

EMAIL (OPTIONAL)

TRANSCRIPT REQUEST (ALUMNI/UNDERCLASSMEN)

THIS RELEASE FORM ENABLES EXETER HIGH SCHOOL TO FORWARD OFFICIAL TRANSCRIPTS/RECORDS TO...

NAME OF INSTITUTION	INSTITUTION MAILING ADDRESS	CITY	STATE	ZIP

I UNDERSTAND MY SIGNATURE ON THIS FORM AUTHORIZES EXETER HIGH SCHOOL TO SEND MY TRANSCRIPT TO THE ABOVE LISTED INSTITUTION OR PERSON.

STUDENT SIGNATURE (IF OVER 18 YEARS OLD)

DATE

PARENT/GUARDIAN SIGNATURE (IF STUDENT UNDER 18 YEARS OLD)

DATE

OFFICE USE ONLY

DATE RECEIVED:

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NO RECORDS WILL BE RELEASED UNTIL THIS FORM IS RETURNED / ALLOW ONE WEEK FOR PROCESSING OF ALL TRANSCRIPT/RECORDS