

**TRANSCRIPT REQUEST/RELEASE**

**Norwood High School Guidance**

**245 Nichols Street**

**Norwood, MA 02062**

**STUDENT NAME (at time of graduation)** \_\_\_\_\_

**YEAR OF GRADUATION** \_\_\_\_\_

**DATE OF REQUEST** \_\_\_\_\_

**PLEASE FORWARD MY TRANSCRIPT TO:**

1. \_\_\_\_\_

**NAME OF SCHOOL**

**ADDRESS**

2. \_\_\_\_\_

**NAME OF SCHOOL**

**ADDRESS**

3. \_\_\_\_\_

**NAME OF SCHOOL**

**ADDRESS**

4. \_\_\_\_\_

**NAME OF SCHOOL**

**ADDRESS**

*I give my permission for my High School Transcript to be forwarded to the above-named individuals or agencies.*

**SIGNATURE OF STUDENT REQUESTING:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CHECK HERE IF YOU WISH TO HAND CARRY:** \_\_\_\_\_

**Fax Request to Norwood High School Guidance Office – Fax # 781-255-0673 or mail**