

**SAUGUS HIGH SCHOOL
REQUEST FOR TRANSCRIPT**

DATE _____

STUDENT NAME _____
LAST (MAIDEN) FIRST MIDDLE

TELEPHONE _____ BIRTHDATE _____

ADDRESS _____
CITY STATE ZIP

PRESENTLY ATTENDING SAUGUS? YES NO

GRAD YEAR _____ IF NOT GRADUATE, YEAR YOU WOULD HAVE GRADUATED _____

NUMBER OF TRANSCRIPTS REQUESTED: _____

MAIL TO (ADD ADDITIONAL MAILINGS ON BACK):
NAME _____

ADDRESS _____
CITY STATE ZIP

SIGNATURE _____

Fee _____ Paid Date Completed by Registrar: _____