



Please mail completed form with payment to:

**Bishop Guertin High School
Attn: School Counseling Department**

194 Lund Road
Nashua, NH 03060-4398
(603) 889-4107 Ext. 4327

For questions email bedardd@bghs.org

ALUMNI TRANSCRIPT REQUEST

Alumni Transcript Request Fee: \$5.00 per school.

Year of Graduation: _____

First Name _____ **Middle Initial** _____ **Last Name** _____

Graduation Name (if different from above) _____

Address at Graduation _____

Current Address _____

Current Telephone Number _____

Current Cell Phone _____

Current Email Address _____

***Official transcripts can only be sent to educational institutions.**

Send transcript to _____ **Send transcript to** _____

Send transcript to _____ **Send transcript to** _____

Send transcript to _____ **Send transcript to** _____

List additional schools on the back of this form. The fee is \$5.00 per school.

Signature

Date

For office use only

Received: _____ Sent: _____ Paid: _____