



**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 [alcornl@bghs.org](mailto:alcornl@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** \_\_\_\_\_

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\_\_\_\_\_

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**Send transcript to** \_\_\_\_\_ **Send transcript to** \_\_\_\_\_

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**Send transcript to** \_\_\_\_\_ **Send transcript to** \_\_\_\_\_

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**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: \_\_\_\_\_