



# FALMOUTH HIGH SCHOOL

GUIDANCE DEPARTMENT

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## TRANSCRIPT REQUEST FORM

Date: \_\_\_\_\_

Name of student: \_\_\_\_\_ (please include maiden name if married)

Year of graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Falmouth High School has my permission to release a complete transcript of my academic records to the following schools/colleges, place of employment or for my personal use (unofficial copy).

Please list address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send your completed form to Joanne Carrara at the address above, fax to 508-457-0352 or email to [jcarrara@falmouth.k12.ma.us](mailto:jcarrara@falmouth.k12.ma.us). In order for the transcript to be considered official, it needs to be sent directly to the institution. An unofficial copy can be sent directly to you at your request.