

TIMBERLANE REGIONAL HIGH SCHOOL GUIDANCE OFFICE

ALUMNI TRANSCRIPT REQUEST FORM

Name as it appeared (Maiden Name)

(Please print)

Address: _____

Tel: _____ Email: _____

Year of Graduation: _____

Please forward an official copy of my transcript to:

College/Employer:

1. _____
(Name)

(Address)

(City, State, Zip)

College/Employer:

1. _____
(Name)

(Address)

(City, State, Zip)

PLEASE INCLUDE A **\$3.00** FEE PER COPY WITH YOUR REQUEST.
CHECKS SHOULD BE MADE PAYABLE TO: Timberlane Regional High School, 36
Greenough Road, Plaistow, NH 03865

File: Alumni Request Transcript Form