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Alumni Transcript Request Form

Please forward requests to Andrea Adamo, Guidance Secretary
a.adamo@hwschools.net

Student Information: (Please type or print clearly, sign and date at the bottom)

Current Name: _____
Last First MI

Former Last Name (If applicable): _____

Year of Graduation: _____ Date of Birth: _____

Current Address: _____

E-Mail: _____ Telephone # _____

Transcript Information: (please allow 3-5 days for processing)

I am requesting: Student Copy (unofficial transcript), number of copies _____
 Official Copy (in sealed envelope), number of copies _____

Email Mail transcript to me

Email Mail transcript to the institution(s) indicated below

NOTES: _____

Signature _____

Date of Request _____