

Shrewsbury High School Transcript Request Form

Today's Date: _____

Name _____
Last First

Name when attending SHS _____
Last First

Address _____
Number and Street

_____ City State Zip

Telephone _____
Numbers Home Work

Date of Birth _____ Year of Graduation or Last Year in School _____

Amount Enclosed \$ _____
If Check or Money Order- please make payable to: Shrewsbury High School

A \$3.00 fee is charged for each transcript requested. Processing time for all requests is 5 business days.

Please check:

- Official Transcript # Requested _____
 Unofficial Transcript # Requested _____

The fee also applies to an unofficial copy you may request for your own use. Official copies are only sent directly to the school and/or program to which you are applying.

Please send transcript to:

Name _____

Address _____

City, State, Zip _____

Signature _____

Mail to:
Shrewsbury High School, Registrar, 64 Holden St., Shrewsbury, MA 01545