

Merrimack High School
School Counseling Office
Official Transcript Request Form

Official transcripts will be mailed/emailed directly to the college or organization. Unofficial copies may be requested for student reference use only.

Student Name at time of Graduation: _____

Graduation Year: _____ Date of Birth: _____ Phone Number: _____

Please circle program: Regular Diploma Adult Diploma Program

Email Address: _____

Home Address: _____

A \$1.00 dollar fee will apply for previous students who are no longer Merrimack residents.

Send to: _____

I understand that Merrimack High School requires at least 5 business days to process and send the information requested. I understand that my transcript will not include PSAT, SAT, ACT, or any Advanced Placement test scores. My signature below indicates my permission to send my transcript to the school/agency above.

***For colleges requiring an official score report: students must request their official score reports from the College Board (SAT) and/or Educational Testing Service (ACT) and have them sent directly to the college.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(If student is under 18)

Office Use Only

Date Received: _____ Date Completed: _____

Transcript Type: _____