

**MERRIMACK HIGH SCHOOL  
OFFICIAL TRANSCRIPT REQUEST FORM  
POST-GRADUATE**

**Student Name** \_\_\_\_\_ **Year of Graduation** \_\_\_\_\_

Name while at MHS \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_

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

**Send to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please include the exact name of the organization, the full mailing address and if you have, a contact name.*

Guidance policy stipulates that no student information can be shared with an organization or person, without the consent of the student. Consequently, until we receive the proper authorized signature on this form, we cannot send any information to designated persons or organizations.

I hereby grant permission to release my records to the organization listed above.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**Please, include \$1.00 fee per transcript for postage and handling.  
Cash or money order only.**

Mail form and fee to GUIDANCE OFFICE - Merrimack High School - 38 McElwain St. - Merrimack, NH 03054

**Office use only:**  
Date received \_\_\_\_\_  
Type of Transcript \_\_\_\_\_  
Date mailed \_\_\_\_\_