HAMILTON-WENHAM
REGIONAL HIGH SCHOOL

775 Bay Road
South Hamilton, MA 01982
Tel. 978-468-0400 ❖ Fax 978-468-0241

Transcript Request Form

Please forward requests to Sandy Williams, Records Secretary
s.williams@hwschools.net

Student Information: (Please 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 Address: _____ 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 _____

☐ Transcript(s) will be picked up, please notify me when ready by email ☐ telephone ☐

☐ Mail transcript(s) to: ☐ me at the above address ☐ and/or to the following institutions:

_____ _____

_____ _____

_____ _____

_____ _____

NOTES: _____

_____

_____ _____
Parent/Guardian Signature or Student if over 18 years of age Date of Request

The District does not discriminate in its programs, activities or employment practices based on race, color, national origin, religion, gender, gender identity, sexual orientation, age or disability.