

Transcript Request
North Quincy High School
316 Hancock St.
Quincy, Ma. 02171

Tel: 617-984-8747
Fax: 617-984-8871

Please allow 1 full business day to process all requests. There is a \$3.00 processing fee for each transcript. Please fill this request out completely and mail, fax or bring it to the North Quincy High School Guidance Office. Transcripts will not be processed without a signature and the fee is received. The guidance office is open from 7:45 am. -3:00 pm. on school days (closed for lunch from 12:30 pm. - 1:00 pm.).

School year(s) attended from ____ to ____

Class of (year graduated): _____ or last year attended: _____

Date of birth: ____/____/____

First Name: _____ Middle name (if any): _____

Last Name (at time of graduation): _____

Telephone #: _____

Type of transcript needed (please check one): Official Unofficial

Number of transcripts being requested: ____ (please list all recipients on one sheet if possible)

Where would you like the transcript(s) sent (choose one):

Fax (unofficial copy only) Name of recipient: _____
Fax #: _____

Mail to: Name of recipient: _____
Street address: _____ City/State/Zip: _____

Will pick up: Date: _____

Signature: _____ Date: _____