

BLUE HILL REGIONAL TECHNICAL SCHOOL  
800 RANDOLPH STREET  
CANTON, MA 02021  
(781) 828-5800  
Fax (781) 828-3872

GUIDANCE OFFICE

## REQUEST FOR TRANSCRIPT

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last Four Digits of Soc Sec #: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Maiden name (if applicable) or other name: \_\_\_\_\_

I request that a copy of my permanent record/transcript be sent to the following:  
(Provide complete address)

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

\_\_\_\_\_ Please check here if you withdrew prior to graduation

Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Check here if you wish to pick up an **unofficial transcript** (allow 5 business days and call to check status before coming to pick transcript up)

- Please allow 5 – 10 business days to process all requests

**Transcript requests are processed on a first come – first served basis!**

(TranscriptRequestForm)