

HILLSBOROUGH HIGH SCHOOL GUIDANCE DEPARTMENT
TRANSCRIPT REQUEST FORM TO BE USED BY:

PREVIOUS GRADUATES ONLY, Fee: \$2.00 per request

NAME: _____ YEAR OF GRADUATION _____

(include maiden name)

Phone Number: _____ Date: _____

PLEASE MAIL TO: (NAME OF SCHOOL, FULL ADDRESS AND ZIP CODE)

Date received: _____

Mailed/Faxed: _____

Fee Paid: _____

Signature of Graduate