



FRANKLIN HIGH SCHOOL ALUMNI TRANSCRIPT REQUEST FORM

Student's full name at time of attendance (use maiden name) _____

Graduation Year _____ or date of withdrawal from Franklin High School _____

Person requesting transcript _____ Self OR Parent/Guardian _____
Name of Parent/Guardian

Number of copies you are requesting? _____

Reason for requesting transcript? _____

If transferring to another college, what is the reason? _____ cost _____ current school is not a good fit

_____ want to be closer to home other reason _____

Where would you like your Official Transcript to be sent (or faxed)? Include name and address of school or employer, or fax number if you want us to fax your transcript. If you would like to pick up your transcript, you will be notified by email when it is ready to be picked up.

_____ I would like to pick up my transcript.

_____ Please send my transcript to: (school or employer name & address. Use the back of the form or another sheet of paper if you want multiple copies sent to different locations. If you want it sent home, please list your current name and home address.

Where can we reach you if we have a question? _____

Please list your email address so we can notify you when your transcript has been mailed or faxed:

Signature of person requesting transcript _____ Date _____

Print this form out and fill in your details. When completed either: fax to (508)-613-1510 attention Ivy Patten, email to patteni@franklinps.net, or mail to Franklin High School, 218 Oak Street, Franklin, MA 02038 ATT: Ivy Patten. Questions? Call (508) 613-1424. All Official Transcripts will be placed in a sealed envelope.

☀ PLEASE ALLOW AT LEAST ONE WEEK TO PROCESS YOUR REQUEST ☀