

Transcript Request Form

Melissa Jean

Enrollment & Guidance Counselor

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Email: mjean@nhcsb.org

Please complete this form and allow 5-7 days (upon receipt of email confirmation) for completion. During Enrollment season (December – April) allow 7-14 day (upon receipt of email confirmation). Thank you!

I _____
First Name Middle Name Last Name

Date of Birth: _____ Year of Graduation: 20 _____ Today's Date: _____

If NOT a graduate of NHCSB, please list the YEAR you should have graduated: 20 _____

Authorize **New Heights Charter School Brockton** to release my: school MCC transcripts

IEP (Individual Education Plan) 504 Plan SAT SCORES MCAS Scores Other _____

to:

Home Address (complete student information below)

Pick up at Guidance Office: **see Ms. Jean**

The address listed below:

Name of Party/School (s)

Address

City, State, Zip Code

Fax to: _____ Attention to: _____

Number of Transcripts requested: _____

I understand that this information will be treated as confidential.

Signed _____
Student or Parent (if student is 18 or older only, student may sign)

Street Address

City, State, and Zip Code