



SAUGUS HIGH SCHOOL

GUIDANCE DEPARTMENT
PEARCE MEMORIAL DRIVE
SAUGUS, MASSACHUSETTS 01906
Tel: 781-231-5027
Fax: 781-231-5030



GRADUATE REQUEST FOR TRANSCRIPT

\$5.00 fee

DATE: _____

D.O.B. _____

NAME: _____

SS#: _____

MAIDEN NAME: _____

CLASS OF: _____

***PLEASE NOTE:**

- **Allow AT LEAST 2 WEEKS TO PROCESS**
- **READ DIRECTIONS CAREFULLY AND MAKE SURE ALL REQUESTED INFORMATION IS PROVIDED. INCOMPLETE INFORMATION WILL RESULT IN A PROCESSING DELAY.**
- **STAMPED, ADDRESSED ENVELOPE MUST BE PROVIDED for all material to be mailed to Colleges, references, etc.**

IMPORTANT: RETURN ADDRESS ON THE ENVELOPE SHOULD BE:

**Saugus High School
Saugus, MA 01906**

Not your own home address

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