

Transcript Request
Quincy High School
100 Coddington Street
Quincy, MA 02169

Tel: (617) 376-3351

Fax: (617) 984-8821

There is a \$3.00 processing fee for each transcript. Please fill this request out completely and mail, fax or bring it to the Quincy High School Guidance Office. **Transcripts will not be processed until a signature and fee are received.** The guidance office is open from 7:45 am. – 3:00 pm on school days (closed for lunch from 12:30 pm. - 1:00 pm.).

School year(s) attended from _____ to _____

Class of (year graduated): _____ or last year attended: _____

Date of birth: ____/____/____

First Name: _____ Middle name (if any): _____

Last Name (at time of graduation): _____

Telephone #: _____

Type of transcript needed (please check one): Official Unofficial

Number of transcripts being requested: _____ (please list all recipients on one sheet if possible)

Where would you like the transcript(s) sent (choose one):

Fax (unofficial copy only) Name of recipient: _____

Fax #: _____

Mail to: Name of recipient: _____

Street address: _____ City/State/Zip: _____

Will pick up: Date: _____

Signature: _____ Date: _____