

Natick High School
Guidance & Counseling Department
15 West Street
Natick, MA 01760

ALUMNI TRANSCRIPT REQUEST

Please fill out this form and mail to the Guidance Office with your payment.

Date _____

Name _____ YOG _____

(Maiden name if applicable: _____)

Please send my transcript to:

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___ I am enclosing \$2 per transcript, cash, check, or money order made out to "NHS Guidance".

Student Signature _____