



Town of Dartmouth

Dartmouth Public Schools

I, _____
First Name Middle Name Last Name (Maiden Name)

Date of Birth _____ Year of Graduation _____

If NOT a Graduate, please list the YEAR you SHOULD have graduated _____

Authorize Dartmouth High School to release my transcripts to:

- Home Address (Please fill in below signature)
- Pick up at Security Desk (Allow 2-3 days)
- The address listed below

Name of Person or School(s)

Address

City, State, Zip Code

Fax to: _____ at _____

Number of transcripts requested: _____ Date: _____

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

Telephone Number

PLEASE NOTE: There is a \$4.00 fee per transcript requested (cash or money order made payable to Town of Dartmouth).