

BLUE HILL REGIONAL TECHNICAL SCHOOL
800 RANDOLPH STREET
CANTON, MA 02021
(781) 828-5800
Fax (781) 828-3872

GUIDANCE OFFICE

REQUEST FOR TRANSCRIPT

Circle one: **High School**

Name: _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Phone No.: _____ DOB: _____

Last four digits of Social Security #: _____

Date of Graduation: _____

Maiden name (if applicable) or other name: _____

I request that a copy of my permanent record/transcript be sent to the following:
(Provide complete address)

Please check here if you withdrew prior to graduation

Other Instructions: _____

Check here if you wish to pick up an **unofficial transcript** (allow 5 business days and call to check status before coming to pick transcript up)

- Please allow 5 – 10 business days to process all requests

Transcript requests are processed on a first come – first served basis!
(TranscriptRequestForm)