

Tri-County Transcript Request Form

Adult Education Office

1. Complete Transcript Request Form
\$5.00 per transcript (Bank check or Money order) Made out to: Tri-County RVTHS
No Fee is due in the first 12 months after graduation
2. Mail completed form, along with payment to:

Mail: Tri-County RVTHS
Adult Education
147 Pond Street
Franklin, MA 02038

Please note: Transcript Requests will not be processed until payment is received

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name, if attended under: _____

Street Address: _____

City: _____ State: _____ Zip: _____

H / C: _____ - _____ - _____ E-Mail: _____

Name of Program: _____

Dates of attendance: _____ Year of Graduation: _____

No. of Official Transcripts: _____ No. of Unofficial Transcripts: _____

No. of Official Transcripts issued to Student in Sealed Envelope: _____

Mail Transcript(s) to: _____

I hereby authorize the release of my transcript(s):

Signature: _____

Date: _____