

SANBORN REGIONAL HIGH SCHOOL



OFFICIAL TRANSCRIPT RELEASE FORM

Mail: Sanborn Regional High School - Counseling Office - 17 Danville Road - Kingston, NH 03848
FAX: 603-642-4604 or Email: dcotter@sau17.net

Date: _____

Full Name: _____

Name at time of attendance (if different): _____

Date of Birth: _____ Current phone number _____

Did you graduate from Sanborn Regional High School? _____

If yes, date of graduation: _____ If no, what years did you attend: _____

If no, did you graduate from another school _____ Name of School _____

Send transcript to (include address):

_____	_____
_____	_____
_____	_____
_____	_____

I give permission for Sanborn Regional High School to release my transcript to the entity listed above.

Printed Signature: _____

Written Signature: _____

NOTE: Allow one week for processing of all transcripts

*Sanborn PRIDE: P*ersonalization, *R*isk-Taking, *I*ntegrity, *D*iscovery, and *E*mpowerment
At Sanborn Regional High School we are committed to sustaining a positive environment which promotes respect,
academic excellence, and pride by encouraging independent thinking within a culture of collaboration.