

# GILFORD HIGH SCHOOL REQUEST FOR TRANSCRIPTS

88 Alvah Wilson Road  
Gilford, NH 03248

Phone: 603-524-7135 Fax: 603-524-3867

Please complete this form and return it to the Gilford High School School Counseling office. It can be mailed, faxed, or scanned and emailed to [ghsguidance@sau73.org](mailto:ghsguidance@sau73.org).

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Signature (required): \_\_\_\_\_

Please send my official high school transcript to the following college/university or scholarship (**please include college/university/scholarship name and address to send transcript**)

School name and address

School name and address


School name and address

School name and address


School name and address

School name and address


Date sent: \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ FAX \_\_\_\_\_ Other \_\_\_\_\_