



New Brockton High School Transcript Request Form

****New Brockton High School cannot release academic records without written consent of the student or guardian-(Family Educational Rights and Privacy Act of 1974).**
*\$2.00 per copy- Must be paid before transcript is mailed!***

Name (While Attending) _____

Address _____

City, State, Zip _____

Telephone _____ **SSN** _____

Date of Birth _____ **Dates of Attendance** _____

Graduation Date _____ **Date of Request** _____

Mail Transcript to: _____

Authorization for Release of Information

**Student's
Signature** _____