



Somerville High School

Transcript Request – Record Release Form

Please complete a separate form for each transcript request, and mail along with a \$5.00 per-transcript fee, to the following address. Transcript requests will not be processed until payment by check or money order is received. Make check/money order payable to **Somerville High School**. Mail form(s) and check or money order to:

Transcript Request
Somerville High School
81 Highland Avenue
Somerville, MA 02143

Transcript Request – Record Release Form

Date of Request: _____

Class of: _____

Name/Maiden Name: _____

I hereby authorize Somerville High School to release a true copy of my records checked below to the address listed below.

- Academic Permanent Record (includes subjects and grades earned while in high school, including intelligence tests, reading tests and aptitude test results).
- Results of College Board Examinations.

Signature: _____

Mail Transcript to (please include complete address):

Your Name: _____

Your Telephone Number: _____

Your Email Address: _____