



TRINITY HIGH SCHOOL
581 Bridge Street
Manchester, NH 03102

TRANSCRIPT REQUEST FORM

Name _____ Date of Birth _____

Name at Graduation _____ Year of Graduation _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Please send an official copy of my high school transcript to:

Organization _____

Address _____

City _____ State _____ Zip Code _____

Attn _____ Email _____

Signature _____ Date _____

(Parent signature required if under 18 years of age)

Please send all transcript requests to Stacey Horne – Registrar

shorne@trinity-hs.org

For Office Use Only

Date Received _____ Date Processed _____