

ADAMS-CESHIRE REGIONAL SCHOOL DISTRICT

ALUMNI TRANSCRIPT REQUEST

Name: _____

Date: _____

Maiden Name (if applicable): _____

Telephone Number: _____

Cell Phone Number: _____

Email address: _____

Present Address: _____

Date of Graduation: _____

Signature: _____

Send Transcript to: _____
(College/University)

Send your transcript request form to:

Hoosac Valley Middle & High School
Attention: Guidance Department
125 Savoy Road
Cheshire, MA 01225

NOTE:

- All requests **must** be in writing.
- There will be a 1 – 2 week period for processing transcripts
- There is a **\$5.00 FEE**