



Ipswich High School

Alumni Transcript Request Form

Student Name: _____ Maiden Name if Applicable: _____

Year of Graduation: _____ Date of Birth: _____ Telephone# _____

Have your SAT and/or ACT scores sent to each of the colleges to which you are applying. Scores must be sent through CollegeBoard/ACT NOT the Guidance Office.

Type:	Deadline:	School / Company Name:	Complete Address:

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There is a \$3.00 fee per transcript, please enclose payment with request. Check should be made out I.H.S.

I hereby authorize Ipswich High School to forward the following information to the schools/colleges or company listed above:

Student Signature: _____

Date: _____