



# Ipswich High School

## Alumni Transcript Release Form

Name: \_\_\_\_\_ Name at time of Graduation: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type:	College/School Name:	Complete Address:
ED <input type="checkbox"/> EA <input type="checkbox"/> Regular <input type="checkbox"/> Rolling <input type="checkbox"/>		

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Permanent Transcript (including senior grades)  I hereby authorize Ipswich High School to forward this information to the schools/colleges listed above.

*\* Please allow up to 10 business days once request is received. \**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_