

Amherst-Pelham Regional High School
Transcript Request

Current Name: _____

Former Name (if applicable): _____

Date of Birth: _____

Year of Graduation: _____

I did not graduate from ARHS

I hereby authorize the Amherst-Pelham Regional High School to release my transcript to:

School/Employer/Name: _____

Attention of: _____

Address: _____

City, State, Zip Code: _____

Fax Number: _____

Sending to more than one school? List additional schools on the back of this form.

Include recommendations from _____

(if graduation year is within the last 5 years)

Special requests or instructions? _____

Signature of Student: _____ Date: _____

(or legal guardian if student is under 18 years old)

Return the completed form with fee payment to:

Michaela Tarr, Registrar
Amherst Regional High School
21 Mattoon Street
Amherst, MA 01002

***ARHS charges a fee of \$4.00 per transcript (cash, check or money order).
Checks should be made payable to "Amherst Regional High School".
Payment must be received before the transcript will be released.***