

# Framingham High School

## Transcript Request Form / PAST GRADUATE

.....*There is a 10 (working) day request period.*.....

Student Name: \_\_\_\_\_  
 (at time of graduation) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Transcript Request: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
 (If prior to 1992, was it North or South High School)

**\*\*PLEASE SUBMIT COMPLETED REQUEST FORM TO \*\***

Framingham High School  
 Guidance Department  
 115 "A" Street  
 Framingham, MA 01701

**Attention:** Claudia Calderon  
 508-620-4963 Ext 27501  
 ccalderon@framingham.k12.ma.us  
 Fax: 508-877-2201

<p><b>1. <u>Official Transcript</u></b>                  School Name: _____                   School Address: _____                  _____                  _____                   Admissions Deadline: _____</p>	<p><b>2. <u>Official Transcript</u></b>                  School Name: _____                   School Address: _____                  _____                  _____                   Admissions Deadline: _____</p>
<p><b>3. <u>Official Transcript</u></b>                  School Name: _____                   School Address: _____                  _____                  _____                   Admissions Deadline: _____</p>	<p style="text-align: center;"><b><u>UNOFFICIAL REQUEST</u></b></p> <p><b><u>Student Name:</u></b> _____</p> <p><b><u>Mailing Address:</u></b> _____                  _____                  _____</p>