

Amherst-Pelham Regional High School  
Transcript Request

Date of request: \_\_\_\_\_

Current Name: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(or date of last attendance)

- Official Transcript (must be mailed from ARHS directly to the school)
- Unofficial Transcript
- Recommendations from \_\_\_\_\_  
(if YOG is within the last 5 years)

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

School: \_\_\_\_\_

Attention of: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

- Sending to more than one school? List additional schools on the back of this form.
- Special requests or instructions? \_\_\_\_\_

Signature of Student: \_\_\_\_\_  
(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 \$5.00 per transcript (cash or check only).  
Checks should be made payable to "Amherst Regional High School"  
Payment must be received before the transcript will be released.***