

**SCITUATE HIGH SCHOOL
OFFICIAL TRANSCRIPT REQUEST FORM**

This form must be completed at least **one** week prior to your deadline.

SAT scores must be requested directly from CollegeBoard.

ACT scores must be requested directly from ACT.

Name: _____ Date of Birth: _____

Maiden Name: _____

E-mail: _____

Phone Number: _____

Year of Graduation: _____

Signature: _____ Date: _____

Transcript should be sent to:

School Name/Employer: _____

Attention: _____

Street Address _____

City _____ State _____ Zip Code _____

Deadline: _____

Special Instructions _____

For Office Use _____

Date Received _____

Date Transcript Sent _____

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