BRADFORD L. JACKSON, Ed.D. Superintendent-Director

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Transcript Request for Graduates

In compliance with the Family Education Rights and Privacy Act (FERPA) of 1974, Shawsheen Valley Technical High School is prohibited from providing personally identifiable information in student records without the written consent, such as grades, billing, tuition and fees, financial aid, and other student information. You may, at your discretion, grant the school permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to who you grant access to information on your student records. This form authorizes release of the specified information to the indicated third-party designee when presented to a SVTHS representative. **Note**: for the third party designee you name on this form, this release overrides all FERPA directory suppression information that you may have set up on your student record.

Please note:

- 1. There is a \$2.00 fee for each copy of the transcript (check or money order made payable to Shawsheen Valley Technical High School, DO NOT SEND CASH IN THE MAIL).
- 2. Attach a copy of a valid photo ID (ex. License, passport)

Graduate's Information:

| First Name: | | Middle Name: | Last Name | Last Name: | | |
|-------------|---|-----------------------|--------------------------------|------------|-----|--|
| Full na | me while in attendance, other | names, AKA, maiden na | ame: | | | |
| Date of | f Birth (Month/Day/Year): | /Y | ear of Graduation or Date of W | ithdrawal: | | |
| Curren | t Address: | | | | | |
| Email: | | | | | | |
| | | | | | | |
| Please | check one: Contact me to pick up the transcript (s) to the folianstitute Name: | lowing*: | | | | |
| | | | | | | |
| | Address: Street Number *If requesting additional trans | Street Name | City | State | Zip | |
| Signature | | | | Date: | | |