

# FENWICK



## Transcript Request Form for Graduates

Name: \_\_\_\_\_  
(first) (last) (maiden, if applicable)

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_

### **Please send a copy of my transcript to:**

Institution Name: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transcript Fee: \$5.00**

**Please mail a (\$5.00) check made out to BFHS and this completed form to:**

*Bishop Fenwick HS Guidance Dept. 99 Margin Street Peabody, MA 01960*

NOTE: The document sent is an official transcript with the school seal and the Director of Guidance's signature. The document is sent directly to receiving institutions (only). The official transcript is not given directly to students. If you require an unofficial or student copy of your transcript, please contact the Guidance Department at 978-587-8310 or [DML@fenwick.org](mailto:DML@fenwick.org).