

GREATER LOWELL TECHNICAL HIGH SCHOOL
250 PAWTUCKET BLV.
TYNGSBORO, MA 01879
TEL: (978) 454-5411 FAX: 978-441-5399

FORMER HIGH SCHOOL STUDENT TRANSCRIPT REQUEST

NAME: _____
(PRINT FULL NAME AT THE TIME OF ATTENDING SCHOOL)

DATE OF BIRTH: _____ YEAR OF GRADUATION: _____

GRADUATE: Yes No

Please make Checks or Money Order payable to GLTHS

Fee for transcripts:

\$3.00 for the first copy. (5 day turnaround time)

\$5.00 (48 hour turnaround)

\$2.00 each additional copy.

Please forward transcripts to the following address. Furthermore, I release any person or organization from liability for providing such information.

NAME OF SCHOOL/ORGANIZATION: _____

CONTACT PERSON: _____

ADDRESS: _____

Number

Street

City/Town

Zip

SIGNATURE: _____ DATE: _____

Former Student's Signature