



Concord High School

170 Warren Street
Concord, NH 03301
603-225-0800
Fax 603-856-0186

Request for Academic Transcripts

Date: _____ Year of Graduation: _____

Current Full Name: _____

Name at time of attendance (if different): _____

Date of Birth: _____ Phone Number: _____

Please Check One:

I was enrolled only in day school.

I was enrolled only in Adult Education (night school).

I was enrolled in both day school and Adult Education.

Other (explain): _____

Please note that official transcripts can only be sent to an education facility, business, military or other organization, not to individuals. All individuals requesting a transcript sent to them will receive an unofficial copy.

Send transcript to: (include business name and address)

Signature: _____

Please include a processing fee of \$2.00 (cash, check or money order) and mail to:

Concord High School
Attn: Transcripts
170 Warren Street
Concord, NH 03301

An incomplete transcript request or a request without payment will not be processed.

Processing time may be up to 3-5 business days.