



170 Warren Street
Concord, NH 03301

chs.sau8.org
Telephone 603.225.0800
Fax 603.223.2054

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

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