

Andover High School

80 Shawsheen Road
Andover, MA 01810

Request for Academic Transcripts

Date: _____ Year of Graduation or Withdrawal: _____

Full Name (at time of high school attendance): _____

Date of Birth: _____ Phone: _____

Please Check One:

- Unofficial Transcripts
- Official Transcripts

Please note that official transcripts can only be sent to an education facility, business, the military or other organizations, not to individuals. Individuals will receive an unofficial copy.

Send transcript to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please include \$3.00 processing fee (cash or check) made payable to Andover High School and mail to:
Andover High School / Attn: Registrar / 80 Shawsheen Road / Andover, MA 01810.

Signature:

If under 18, parent/guardian signature is required:

Incomplete transcript requests or a request without payment will not be processed.

Processing may take 3-5 business days.

Office Use only Date Received: _____ Date Sent: _____ Fee Paid: _____