

**FAIRHAVEN HIGH SCHOOL**  
**Guidance Department**

12 Huttleston Ave. Fairhaven, MA 02719

Telephone: (508) 979-4120

Fax (508) 979-4033

**Transcript Release Form**

I hereby authorize Fairhaven High School to release a transcript of my grades to:

Name of school or organization:

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Address or school or organization:

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Your current name:

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Maiden name:

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Year of graduation: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Current address:

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Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

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