Norfolk County Agricultural High School
Office of Student Services
400 Main Street
Walpole, MA 02081
Phone: 508.668.0268 x12207
Fax: 508.668.3219

Return completed form to:
Tracy Ward
tward@norfolkaggie.org

Post Graduate Transcript Release Form

(Please print)

Student Name: _____ Birth Date:_____
First M.I. Last

Maiden Name: _____Year of Graduation:_____
(If applicable)

Address: _____
Street

_____
City State Zip

Please read and review the following carefully:

- Transcripts or other school records may be released to colleges, technical schools, military, employers, scholarship sources and other organizations per student requests.
- I understand that this release will not include standardized test scores (SAT/ACT/MCAS).

Signature:_____ Date:_____

Mail transcript to the following college/university (list all if more than one):
Include institution name, street, city, state, zip

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