

Fair Haven Union High School Transcript Request Form

Please mail or fax this form to: Fair Haven Union High School, Attention: Guidance Dept., 33 Mechanic Street, Fair Haven, VT, 05743,. Phone Number: 802-265-4966 Fax number: 802-265-3602.

I, _____, am requesting a copy or copies of my FHUHS transcript.
Print your name

Maiden Name (if applicable): _____

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____

Number of copies needed: _____ Year of FHUHS Graduation: _____

Your Signature: _____

Please mail a copy of my transcript to:

Name of Institution or Person

Street Address or PO Box

City, State, and Zip Code

*Office Use Only--
Date transcript sent:*

Action taken by:

ONLY FAX OR MAIL REQUESTS CAN BE PROCESSED