



St. Thomas Aquinas High School

Transcript Request

Date _____

Name while attending St. Thomas: _____

Date of Birth: _____ Year of Graduation: _____

I hereby authorize St. Thomas Aquinas High School to send a copy of my high school transcript to the address below.

- Official copy (mailed directly to the college/university, or sent to you in a signed/sealed envelope)
- Unofficial copy

Name: _____

Address: _____

City, State, Zip: _____

I would like my transcript mailed by: _____

Name (please print)

Signature

Please mail this request to:
Registrar
St. Thomas Aquinas High School
197 Dover Point Road
Dover, NH 03820

Office Use: Date Mailed _____
