

31 Old Nashua Road
Amherst, NH 03031
Phone: 603-673-6656
FAX: 603-673-5488



Requested by:

First: _____ Last: _____ Maiden: _____

DOB: ___/___/___ Year of Graduation: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Phone: _____

- I wish to pick up my transcripts: May be picked up in person Monday-Friday 8:00a.m.-2:30p.m.
- I wish my transcripts to be sent/faxed

I, _____, give RSEC Academy permission to send _____ copies of my official transcripts to the name and address identified below.

WHERE TRANSCRIPTS SHOULD BE SENT/FAXED

Name of Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Attention: _____

Signature: _____ Date: _____