



HOLLIS BROOKLINE HIGH SCHOOL

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Timothy Girzone, Principal
Kimberly Meyer, Assistant Principal
Robert F. Ouellette, Assistant Principal
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TRANSCRIPT REQUEST for former students

Student Name: _____ Date of Graduation _____

Address: _____ Phone # _____

Date of Birth _____ Number requested: _____ Date of Request: _____

Please list complete **name and address** where transcripts will be sent.

1: _____

2: _____

3: _____

4: _____

Use back side for additional addresses

I authorize Hollis Brookline High School to release my transcript to the schools listed above.

Signature

Please email the completed form to kristine.bumpus@sau41.org

For Office use only:

Transcripts Sent: _____ Authorized personnel: _____

We value:

Integrity

Intellectual Curiosity

Innovation

Individuality

Involvement in **HBHS** Community