ESSEX NORTH SHORE
AGRICULTURAL & TECHNICAL SCHOOL DISTRICT

Transcript Release Authorization Form

Former Student Information

School of Graduation	
Last Name	
Last Name Upon Graduation	
First Name	
Middle Name	
Year of Graduation	
Date of Birth	
Phone Number	
Email Address	
Mailing Address	

Transcript Release Information

Contact or Department	
Mailing Address	
Fax Number	
Email Address	
Requested Delivery Date	

Signature of Student:

By signing your name below you attest to being the student indicated above, that the information provided herein is true and complete, and that you are authorizing your transcript be released to the person(s) indicated above under the penalty of perjury.

If student is under 18 years of age, please submit Parent Name.

_______________________ _______________________ __________

Signature *Print Name* *Date*

Please email, fax, mail, or drop off the completed form to the Guidance Office:

transcript@essextech.net | (F) (978) 304-4706 | Registrar, ENSATSD, 565 Maple Street, Hathorne MA 01937