

**Cumberland High School**  
2600 Mendon Road  
Cumberland, RI 02864  
Tel (401) 658-2600  
Fax (401) 658-3124

<i>For Office Use Only</i>	
Last	First
Date Issued	
Fee Collected	

**Guidance Department  
Request for Transcript of Records**

An *Official Transcript* of a student's record will be forwarded to educational institutions upon receipt of this signed form and the transcript fee. An *Unofficial Transcript* will be issued to an individual upon written request by a parent or a student.

**A \$3.00 transcript fee is required for each Official and Unofficial Transcript Record requested.** Checks may be made payable to *Cumberland High School*. Requests must be made at least one week before the transcript is required.

Name			Maiden Name	
Street Address			Month/Year of Graduation	
City	State	Zip	Date Last Enrolled	
Phone Number				
Date of Birth				
Signature (Parent's signature if under 18)			Date	

Please print in the space below the name and address of the institution you wish the transcript to be sent to:

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Note: Fill out an additional request form if a second copy is to be sent to another institution

I would like this information included in the next alumni directory