



Frank Edelblut
Commissioner

Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
Division of Educator Support and Higher Education
Closed School Transcripts
101 Pleasant Street
Concord, NH 03301
TEL. (603) 271-3495
FAX (603) 271-4134

TRANSCRIPT REQUEST FORM

Date: _____

Student's Current Name: _____
First *M.* *Last*

Student's Name & Address as Shown on Transcript: _____

Name of Institution Attended: _____ Student ID # (if known): _____

Dates of Attendance: _____ Degree Earned: _____

Last 4 digits of Social Security Number: _____ Date of Birth: _____

Number of transcripts requested: # Official Copy(s) _____ # Student Copy(s) _____

Name and address where you want the transcript sent: _____

Your Current Mailing Address & E-mail: _____

Phone: (_____) _____ Signature: _____

NOTE: Please mail this form along with a copy of a **government issued identification** and include our fee of **\$20.00 per transcript (money order or cashier's check, payable to: Treasurer, State of N.H.)** to the name and address shown above. If there are further questions, please e-mail ClosedSchoolTranscripts@doe.nh.gov.

***Please be advised that processing time for transcripts (once a request is received by our office) may be up to 30 business days, not including return mailing time. Please plan accordingly. If you would like to expedite the process you can overnight your request, along with a pre-paid overnight envelope (UPS, FEDEX or USPS) addressed to wherever you want the transcript sent.

****In-office pickup by appointment only. **We are unable to accept credit cards.**

TDD Access: Relay NH 711
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