



Pembroke Academy

209 Academy Road
Pembroke, NH 03275
(603) 485-7881
Fax (603) 485-1824

Transcript Request

(for alumni and other former students only)

Date: _____

Current full name: _____

Name at time of attendance (if different): _____

Year of graduation: _____

Current phone number in case we need to contact you:

Date of birth: _____

() -

Please check one:

- I was enrolled only in day school.
- I was enrolled only in Adult Education (night school).
- I was enrolled in both day school and Adult Education (night school).

Please note that official transcripts can only be sent to an educational facility, business, military, or other organization – not to individuals.

Send transcript to: (include business name and address)

I give permission for Pembroke Academy to release any or all of my academic records to the entity listed above.

Signature: _____

NOTE: Processing time may be up to 10-14 days during peak times.

Please include a processing fee of \$2.00 (cash, check, or money order) and mail to:

Registrar
Pembroke Academy
209 Academy Road
Pembroke, NH 03275