



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 and a copy of a state issued identification or passport to the name and address shown above. The fee for this service will be waived from 7/1/20 to 6/30/21 (LIMIT of 3 per person). If there are further questions, please e-mail ClosedSchoolTranscripts@doe.nh.gov. ******DO NOT E-MAIL THIS FORM OR YOUR ID**

***Please be advised that processing time for transcripts (once a request is received by our office) may be up to 15 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 addressed to wherever you want the transcript sent.

**In-office pickup is allowed by appointment only.