

Dr. John Hugh Gillis Regional High School
105 Braemore Ave.
Antigonish, NS B2G 1L3
Tel: (902) 863-1620 Fax: (902) 863-8284
Transcript Request Form (In-School)

Name: (Last, First, Middle):	
Date of Birth:	
Home address:	
Home Phone:	Cell Phone:
Name and address of institution(s) where transcript is to be sent:	
1.	Program:
2.	Program:
3.	Program:
4.	Program:
5.	Program:
6.	Program:
7.	Program:
Signature of person making request:	
Date of Request:	
COUNSELOR USE ONLY:	
Date Transcript was sent:	
Sent by:	