

OYSTER RIVER HIGH SCHOOL

Shannon Caron
DIRECTOR OF
COUNSELING

Jason Baker
SCHOOL COUNSELOR

Kim Cassamas
SCHOOL COUNSELOR

Heather Machanoff
SCHOOL COUNSELOR

Kim Sekera
SCHOOL COUNSELOR

Sean Peschel
EXTENDED LEARNING
OPPORTUNITIES
COORDINATOR

Sherri Ficker
REGISTRAR

Date: _____

Current Full Name: _____

Full Name at time of attendance: _____

Date of Birth: _____ Phone Number: _____

Please Check One:

- I graduated from Oyster River High School. Year of Graduation: _____
- I withdrew from Oyster River High School prior to graduating.
- Other (explain): _____

Please note that official transcripts can only be sent to an educational institution, business, military office, or other organization. Official transcripts cannot be sent to individuals. Any copies requested to be sent to individuals will be marked as unofficial transcripts.

Indicate the complete name of the educational institution, business, military office, other organization, or individual to receive transcript together with their full mailing and/or email address below. (Use the back of this form if additional space is needed)

I give permission for my Oyster River High School transcript to be forwarded to the organization(s) listed above. A signature is necessary – student must sign if over 18 or if a graduate.

Signature: _____

Please mail or scan/email this form to:

Oyster River High School
Attn: Sherri Ficker
55 Coe Drive
Durham, NH 03824
sficker@orcsd.org

Processing time may be up to two business weeks.