STAFFORD HIGH SCHOOL PUPIL SERVICES 145 Orcuttville Road Stafford Springs, CT 06076

RELEASE OF STUDENT TRANSCRIPT

In order for SHS to release your high school transcript, you must complete the "Release of Student Transcript" form and mail or fax it to the Guidance Secretary (fax #: 860-684-0424)). Phone call requests will not be accepted. Please allow twenty-four hour turnaround time. Your transcript includes: courses you have taken during your high school career, attendance, immunization records, grade point average, class rank, credits received, and graduation date.

Student:		Date of Birth:	
Address:		Phone Number:	
Year of Graduation:	Date submitted:		
I give permission for Stafford Hig	h School to release an officia	l transcript to the following:	
Employme Scholarshi	Iniversities/Post-Secondary Int nt p Programs		
Please send to: Name/Agency:			
Address:			
Student (signature)		Date	
Guidance Counselor (signature)		Date	
[]Mailed	*FOR OFFICE USE ONLY* []Faxed		