REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPT OR HEALTH RECORDS

THIS FORM CAN BE DUPLICATED

PLEASE PRINT

Name: _____
First Middle Last

(If different from above): Name at the time of graduation or dates of attendance

_____
First Middle Last

YEAR OF GRADUATION: _____ (If not certain, give an approximate dates of attendance.)

Date of Birth: _____

Current Address: _____
Street Apartment or Unit Number

_____
Town State Zip Code

Phone Number: _____

CHECK ONE BOX ONLY

Transcript			**Health Records**		
☐ **MAIL**	**(Official Transcript)**	**Cost - $3.00**	☐ **MAIL**	**(Official Copy)**	**Cost - $2.00**
☐ **FAX**	**(Unofficial Transcript)**		☐ **PICK-UP**	**(Official Copy)**	**Cost - $2.00**
☐ **EMAIL**	**(Unofficial Transcript)**				

Address: _____
Name of Institution/Employer

_____
Street Suite Number

_____
Town State Zip Code

Fax Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Mailing Address: **Bunnell High School**
1 Bulldog Boulevard
Stratford, CT 06614

Phone Number: **(203) 385-4250**

FAX Number: **(203) 381-2014**

Office Use Only

Date Processed _____ by _____. Transcript Taken By Hand _____