

STRATFORD HIGH SCHOOL
245 King Street, Stratford, CT 06615
TEL: (203) 385-4230 FAX: (203) 381-2021

TRANSCRIPT REQUEST FORM

I, the undersigned, request an official copy of my high school transcript to be released as indicated below. I understand there is a \$3.00 fee for each official copy of my transcript (money order or cash only – ***no personal checks will be accepted***).

Current Name

Graduated Name (if different than current name)

Date of Birth

Year graduated (provide dates of attendance if not a graduate)

Transcript Type :

- ☐ **Official:** Issued with an official seal, authenticated for formal use, and must be mailed or picked up in person.
- ☐ **Unofficial:** Lacks an official seal, used for informal purposes, and can be emailed or faxed.
- _____

☐ Please send to:

School/Agency _____

Street: _____

Town, State & Zip _____

Attention: _____

Email Address: _____

☐ I authorize _____ to pick-up my transcript

☐ I will pick-up my transcript from the Main Office between 8:00 a.m. – 2:30 p.m.

Signature : _____ Date: _____

Phone number: _____ Email Address: _____