

**STRATFORD HIGH SCHOOL**  
45 N. PARADE, STRATFORD, CT 06615  
TEL: (203) 385-4230 FAX: (203) 381-2021

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**OFFICIAL 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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Years attended/graduated

\_\_\_ Please send to:

School/Agency \_\_\_\_\_

Street: \_\_\_\_\_

Town, State & Zip \_\_\_\_\_

Attention: \_\_\_\_\_

\_\_\_ I authorize \_\_\_\_\_ to pick-up my transcript

\_\_\_ I will pick-up my transcript from the Main Office between 7:30 a.m. – 3:00 p.m.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date