

**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 turn-around 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 High School to release an official transcript to the following:

- \_\_\_\_\_ Colleges/Universities/Post-Secondary Institutions
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Scholarship Programs
- \_\_\_\_\_ Other: \_\_\_\_\_

Please send to:

Name/Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student (signature) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor (signature) \_\_\_\_\_ Date \_\_\_\_\_

**\*FOR OFFICE USE ONLY\***

[ ] Mailed \_\_\_\_\_ [ ] Faxed \_\_\_\_\_ [ ] Released to Student \_\_\_\_\_