

ENFIELD HIGH SCHOOL ~ SCHOOL COUNSELING OFFICE ~ 1264 ENFIELD STREET ~ ENFIELD, CT 06082
TELEPHONE # 860-253-5550 ~ FAX # 860-253-5555

TRANSCRIPT REQUEST

(ONLY UNOFFICIAL TRANSCRIPT WILL BE MAILED TO THE FORMER STUDENT)

**PLEASE MAIL EITHER A \$2.00 MONEY ORDER OR CASH FOR EACH TRANSCRIPT REQUESTED TO THE ABOVE ADDRESS
OR DROP OFF THE REQUEST BETWEEN 7:00 AM AND 2:00 PM, MONDAY THROUGH FRIDAY.**

ONCE THE REQUEST IS RECEIVED IN THE SCHOOL COUNSELING OFFICE, THE TRANSCRIPT WILL BE MAILED WITHIN 3 DAYS.

Name:

Year of Graduation:

Maiden Name:

Daytime Telephone #:

Date of Birth:

Today's Date:

Please release my academic transcript to the following:		
	Deadline Date	Location - Name and Address
#1		
#2		
#3		
#4		

Office Use Only	
Amount Paid	Date Completed

Signature:

Revised 2/11/2016