ENFIELD HIGH SCHOOL ~ GUIDANCE DEPARTMENT ~ 1264 ENFIELD STREET ~ ENFIELD, CT 06082 TELEPHONE # 860-253-5550 ~ FAX # 860-253-5326

TRANSCRIPT REQUEST CIRCLE ONE: ENFIELD HIGH OR FERMI HIGH (ONLY UNOFFICIAL TRANSCRIPT WILL BE MAILED TO THE FORMER STUDENT)

PLEASE MAIL EITHER \$2.00 CASH OR A MONEY ORDER 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 GUIDANCE OFFICE, THE TRANSCRIPT WILL BE MAILED WITHIN 48 HOURS.

Name:			Year of Graduation:				
Maiden Name:			Daytime Telephone #:				
Date of Birth:			Today's Date:				
Please release my academic transcript to			o the following:		Office Use Only		
	Deadline Date	Location - Name and Addre	ess		Amount Paid	Date Completed	
#1							
#2							
#3							
#4							
		Signature:]		Revised 1/18/2018	