

**SOUTHINGTON HIGH SCHOOL
SCHOOL COUNSELING DEPARTMENT
REQUEST FOR PAST GRADUATE TRANSCRIPT**

Name: _____ Year of Graduation: _____

Telephone Number: _____ Date of Birth: _____
mm/dd/yyyy

College Name and address to send to: (Or employer, etc.)

*****Important Information*****

- This request must be dropped off, mailed, emailed or faxed to the Counseling office with your legal signature. You must allow **10 days** for processing this request.
- Official (signed and sealed) transcripts will not be sent to you directly. To be official it must go directly to the College/Institution etc.
- A student's unofficial copy can be sent to you if you request one.
- **After 2 weeks** if you do not see your transcript posted to your college portal, please contact admissions directly. Many times, the colleges have your transcript but have not updated your portal.
- For faster delivery provide us a direct email to admissions.

Signature: _____

Date: _____

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