

**Southington HIGH SCHOOL  
COUNSELING DEPARTMENT**

**REQUEST FOR PAST GRADUATE TRANSCRIPT**

Name \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Important Info\*\***

- *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 unofficial copy can be sent to you if you request one.*

Signature \_\_\_\_\_

Date Submitted \_\_\_\_\_

*Southington High School Counseling Office 720 Pleasant St Southington, CT 06489  
Telephone 860-628-3229 x11238 or x11244 \*\* FAX 860-620-1509  
[lbarner@southingtonschools.org](mailto:lbarner@southingtonschools.org) / [nmonteiro@southingtonschools.org](mailto:nmonteiro@southingtonschools.org)*