

SOUTHINGTON HIGH SCHOOL
GUIDANCE OFFICE
SOUTHINGTON, CONNECTICUT 06489

TRANSCRIPT AND SCHOOL RECORDS TRANSFER REQUEST*
AND REQUEST FOR UNOFFICIAL TRANSCRIPT

Student's Name _____ Date of Birth _____

Year of Graduation _____

Please forward a copy of my transcript and other required school records to:

Student's Signature _____ Date _____

Parent's Approval _____ Date _____

(Required if student is under the age of 18)

*NOTE: This authorization is requested in compliance with Public Law 93-380, Family Education Right and Privacy Act of 1974, which requires that parents permit the release of record and know that such information is being forwarded to another institution