

Transcript Request Form

**A fee of \$2.00 is required for each transcript requested.
Complete form and mail with payment (check or cash) to:**

Branford High School
185 East Main Street
Branford, Connecticut 06405
Attn: Registrar

RELEASE OF INFORMATION

Date: _____

I _____
(Full Name)

Maiden Name _____

request the release of my high school transcript to be sent to:

Name

Address

City/State/Zip

Signature

Daytime Phone Number: _____

Year of Grad: _____

Date of Birth: _____

Note: An official transcript will be released by the Guidance Office to an agency, school, college or university by mail only. A transcript can be given to a student or parent for information only and is not considered to be an official copy.