

SHELTON HIGH SCHOOL

120 Meadow Street
Shelton, CT 06484
PH: 203-922-3004 FAX: 203-924-8740

Request for Transcript

Date: _____

Your name while attending High School: _____
(Print)

Date of Birth: _____ Your Phone #: _____

Year Graduated: _____ or Year Withdrew: _____

Where do you want your _____ OFFICIAL or _____ UNOFFICIAL transcript sent:

_____ Phone #: _____

_____ FAX #: _____

_____ Contact Person (if any): _____

(Your Signature)

There is a **\$5.00 fee** for each transcript (payable to Shelton High School)

OFFICE USE ONLY

Comments:

_____ Can not release information due to the student's unpaid debt to the school.

_____ Can not locate a student by the name submitted above.

_____ Additional information is needed to locate this student's records:

_____ Will Pick-up - Call When Ready

Received payment: _____ Cash _____ or Check # _____ Amount: _____
(date)

Date mailed/P/U/Faxed: _____ by: _____