



Transcript Request Form

- **We do not process:** Wright Tech, GED's, Adult Education, Private or State Records.
- **Photo copy of Driver's License, State ID or Passport is required.**
- **Records mailed within 10 – 12 business days of your requested date.**

All boxes must be completed.

Your name while attending school:

Date of Birth:

Last 4 digits of Social Security:

Telephone Number:

Cell Number:

Email Address:

Your Home Address:

House # : _____
Apt. # : _____
Street Name : _____
City: _____ State _____
Zip Code: _____

School Please circle:	Graduated? Please circle:	Graduation year or date left school.
Stamford High	Yes / No	
Westhill High	Yes / No	
A. I. T. E	Yes / No	
Rippowam High	Yes / No	

Contact Information:

Records Department / C. Vanderkeift
 888 Washington Blvd.
 P.O. Box 9310
 Stamford, CT 06904
 Phone: 203-977-4191
 Fax: 203- 977- 0857

Office Use Only:

Notes:

Film Location:
 Page:
 Sent by mail or Pickup
 Fax: Y N
 Date:

***** WRITE COLLEGE OR EMPLOYER ADDRESS ON BACK OF FORM**

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Records Requested:	<input type="checkbox"/> High School Transcript	<input type="checkbox"/> Immunization Records	<input type="checkbox"/> SAT's
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Do you need a copy for your records? Yes No

Signature for records required:

Today's Date:

Name of College/University, Institution, or Employer:

Mail or fax to the Attention of:

Fax number (Optional):

Mailing Address:

City, State & Zip Code:

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