



# Transcript Request Form

**All shaded boxes must be completed in order to process**

Name:

Last 4 digits of Social Security:

Maiden Name:

Date of Birth:

Your Home Address:

House # : \_\_\_\_\_ Apt. # : \_\_\_\_\_

Street Name : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number:

We do not process  
GED's or Adult  
Education  
Transcript

Photo copy of :  
Driver's License  
State ID, or  
Passport is  
Required.

Records mailed  
within 5 business  
days of your  
requested date.

I graduated from:

I did not graduate from:

Stamford High     Westhill High

A.I.T.E     Rippowam High

Other school: SEE US ABOUT THIS.

Graduation Year or  
supposed year of  
graduation:

Were you ever in Home Instruction?:    Yes    No

Records Requested:     High School Transcript     Health Records

Send Records to:

Name of College/University, Institution, or Employer

Address

City, State & Zip Code

Fax number in case you want us to fax them.

Send records with:

SAT'S Scores

Health Records

Send me a copy by mail.

I do not need a copy.

Signature for records required:

Date requested:

Office Use Only

Location / Page:

Sent:    Y    N

Date:

Fax    -    Mail

Notes:

\*\*\* ADDITIONAL COLLEGES CAN BE WRITTEN ON BACK OF FORM →

Records Department - 888 Washington Blvd. - P.O. Box 9310 - Stamford, CT 06904  
Phone: 203-977-4191 - Fax: 203-977-0857 or 203-977-5446

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Fax number (Optional):

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