



NEW BRITAIN HIGH SCHOOL GUIDANCE DEPARTMENT

110 Mill Street, New Britain, CT 06051
Phone: (860) 225-6300 / Fax: (860) 224-2077

TRANSCRIPT/IMMUNIZATION RECORDS REQUEST

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Send Transcript to: \_\_\_\_\_

Graduation Year \_\_\_\_\_ [Non-grad] Year Left \_\_\_\_\_

What are you requesting? (Check one) Transcript. \$5.00 [ ] Immunization Records \$3.00 [ ]

Where did you graduate from? (Check one.) N. B. H. S. \_\_\_ Pulaski H. S. \_\_\_ N. B. Academy \_\_\_

If you graduated from NB Adult Education, please request your transcript from the NB Adult Education Office, (860) 229-6106, we do not have access to those records.

Present Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Please read carefully:

- Each request for a transcript requires a signed Release of Information or equivalent before the transcript can be mailed out.
Please indicate if you also need immunization records. They are not sent out automatically.
SAT/ACT scores can be obtained by contacting the College Board.
There is a \$5.00 fee for a regular transcript (payable to New Britain High School) in cash, check or money order before the transcript will be sent out. A request for anything additional may result in added fees (i.e. immunizations only \$3.00).
A transcript sent directly or hand carried to the student will be unofficial.
A minimum of three days is required for processing the request.

RELEASE OF INFORMATION

I hereby authorize the New Britain High School Guidance Department to disclose to the designated representative of schools, colleges, universities, industry, business, etc. information concerning my scholastic performance and attendance record and any other information requested while a student at New Britain High School. I hereby release you from any and all liability or damages for providing the information requested. If available, I give permission for New Britain High School to release any SAT/ACT scores as part of my transcript.

Signature

Date

For School Use Only

CK/MO #: \_\_\_\_\_ Amt Pd: \_\_\_\_\_

EMAILED [ ] MAILED [ ] FAXED [ ] DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

