

Transcript / Record Request Form

FOR OFFICE USE

Date Received _____



Lyman Hall High School
School Counseling Department
70 Pond Hill Road
Wallingford, CT 06492
(203) 294-5360 Fax (203) 294-5335

Name: _____ Date: _____

Date of Birth: _____ Year of Graduation: _____

Address _____

Phone # _____ E-Mail Address _____

Authorization for Release of Information:

I hereby grant Lyman Hall High School permission to release copies of my records to the school(s)/ agency (s) listed below. I also release all parties from any liability or responsibility in granting and furnishing such information.

Signature: _____ Date: _____

Parental Signature: (if student under 18): _____

This transcript/record is for: (Please Check One)

- College
- Scholarship
- Employer
- Other _____

Send Records to: _____
(Name of Institution or Organization)

(Address)

Send Records to: _____
(Name of Institution or Organization)

(Address)

Current students: If you need a counselor recommendation, see your counselor at least 2 weeks prior to the date it needs to be sent out. Be sure to give your counselor a copy of your resume.

Please Allow At Least Two (2) Weeks for Processing This Request