

REQUEST FOR TRANSCRIPTS/STUDENT RECORDS

For the protection of records, we require your signature prior to release of transcripts. Please complete this form and return with appropriate payment.

Mail to: Notre Dame High School 220 Jefferson Street

or fax to 203-365-4916

Fairfield, CT 06825 ATTN: Guidance

PLEASE ALLOW AT LEAST 3 BUSINESS DAYS FOR PROCESSING

TODAY'S DATE FULL NAME (Please Print)		Print\
105/11 0 5/112	TOLETWINE (Floador	Till,
GRADUATION/MAIDEN NAME	DATE OF BIRTH	TELEPHONE
YEAR OF GRADUATION OR WITHDRAWAL	DID YOU RECEIVE A DIPLO	MA FROM ND? YES – NO (Circle)
(SIGNATURE OF STUDENT OR PARENT)	_	
Official Transcript: Embossed with Notre Dame's employer and mailed directly to them. SCHOOLS FROM YOU DIRECTLY. (\$5.00 each)		
Unofficial Transcript: Neither stamped nor sealed	d / usually requested for personal us	se. (\$3.00 each)
Immunization records: A copy of immunization in EVERY GRADUATION CLASS). (\$1.00 each)	formation contained in file (MAY N	OT BE AVAILABLE FOR
PAYMENT INFORMATION There is no charge for up to three transcripts re-	quested <u>within one year</u> of gradu	uation.
Number of Official Transcripts Requested Number of Unofficial Transcripts Requested Number of Immunization Records Requested		
Please make checks payable to Notre Dame Hig Payment must be received for request to be pro	h School. (Please call the school	to pay by credit card.)
Unofficial transcripts and/or immunization records 8:00 am and 2:30 pm) OR mailed to address below		e Guidance Office between
Please mail official transcript(s) to the follo	wing school or business address(e	s):