

## GUILFORD PUBLIC SCHOOLS P.O. BOX 367

## GUILFORD, CT 06437

PHONE: (203) 453-8200 FAX: (203) 453-8211

## POSTGRADUATE TRANSCRIPT REQUEST

The Guilford Public Schools has my authorization to transmit the high school transcript of:

Student's Last Name:	Stud		First Name:	Middle Initial:
Year Graduated:	Date of Birt	h:	Maiden Name (if applie	cable):
schedule for educatio	nal materials. Pleas n payment and a co	se make checks pay py of photo I.D. to:	able to: Guilford Board	ect to the current established rate d of Education. Transcript requests TREQUEST, Guilford Public Schools,
and/or universities. A  □ Official copy to be m	an two transcripts, ccuracy of the colleg	please attach a list e/university address versity:	with the names and a is the responsibility of	ddresses of the additional colleges the student.
□ Official copy to be mailed to college/university:		versity:	Application deadline:	
□ Unofficial copy to be  Date:  Student's Current Add		current address as Signature: _ Students ov	er the age of 18 must s	ign this request.
Email Address: Home Phone Number:				
Amount collected: \$	Money Order	⊂ □ Cash □ Check #:	□ Logged into	Transcript Book
Date Transcript Mailed:	Date	Transcript Picked Up:	ldentificati	on verified by:
Identification source: 6/2017	□ Driver's License □ Passport	☐ Birth Certificate☐ Military I.D.	□ CT DMV I.D. Card □ Other:	