TOLLAND HIGH SCHOOL

**COUNSELING DEPARTMENT**

**REQUEST FOR *PAST GRADUATE* TRANSCRIPT**

Name Year of Graduation:

Address

Telephone Number

**College Name and address to send to: (Or employer, etc.)**

***\*\*Important Info\*\****

* *This request must be dropped off, mailed, emailed, or faxed to Mrs. Alford in the Counseling office with your signature. You must allow 10 days for processing this request.*
* *Official (signed and sealed) transcripts will not be sent to you directly. To be official it must go directly to the College/Institution etc.*
* *A student copy can be sent to you if you request one.*
* *Transcripts can be sent via regular mail, fax, or email. If you would like your transcript emailed please make sure that the institution will accept electronic transcripts.*

Signature

Date Submitted

*Tolland High School Counseling Office \*\* One Eagle Hill \*\* Tolland, CT 06084*

*Telephone 860-870-6836 \*\* FAX 860-870-6837*

*galford@tolland.k12.ct.us*