

William H. Hall High School
975 North Main Street
West Hartford, CT 06117

TRANSCRIPT REQUEST FORM
(for graduated students)

Name: _____

Year of Graduation: _____

Maiden Name (if applicable): _____

Phone Number: _____

Please send transcript to:

(We will mail your transcript to the exact address that you provide. Please be certain that it is accurate. PLEASE NOTE: **“OFFICIAL”** transcripts are directly mailed to schools, institutions and employers. Personal copies are always **“UNOFFICIAL”**).

1. _____

2. _____

3. _____

4. _____

FEE: There is a \$3.00 processing fee per transcript. Checks should be made payable to Hall High School and mailed to the Hall High School, Attention: School Counseling.

I authorize Hall High School to release a copy of my official transcript to the recipients designated above.

Signature: _____

**FORMS CAN BE MAILED TO HALL H.S. AT THE ADDRESS ABOVE OR
FAXED TO 860-929-5127**