



REQUEST FORM FOR K-GRADE 12 TRANSCRIPT

Please submit this form to your daughter's present school.

Name of student _____

Name of school _____

Present grade _____

Address of school _____

Telephone number _____

REGISTRAR: Please include the record of all academic history, standardized testing and a copy of the student's most recent report card.

As the parent/guardian of the above named student, I authorize release of her transcript to:

Admission Office

Sacred Heart Greenwich

1177 King Street

Greenwich, CT 06831

Tel: 203.532.3534

Fax: 203.532.3301

Email: admission@shct.org

Signature of Parent/Guardian _____

Date _____