

# Daniel Hand High School Graduate Transcript Request Form

PROCESSING FEE: \$3.00 per request  
CASH or CHECK made payable to DHHS

Official transcripts are only sent to a school/business/agency and are not sent directly to your home.

This form is for graduates of DHHS or the Hammonasset School  
Mail completed form with payment to:

Attn: Mrs. Kate Smalley  
Daniel Hand High School  
Guidance and School Counseling Department  
286 Green Hill Road  
Madison, CT 06443

Phone: 203.245.6360

Fax: 203.245.6356

Email: Smalleyk@madison.k12.ct.us

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Date: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Your Full Name in High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

I request the release of my records to:

Name of School, Business or Agency: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional requests may be listed on the back of this form.

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Signature

Number of Requests \_\_\_\_\_ x \$3.00 = \_\_\_\_\_ Amount Enclosed (cash or check payable to DHHS)

Office Use Only: Date Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

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