

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
Fill out the form and mail with payment to:

Attn: Transcript Request
Daniel Hand High School
Guidance and Counseling Department
286 Green Hill Road Madison, CT 06443

Phone: 203.245.6360

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.



Signature

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

Office Use Only: Date Received: _____ Date Mailed: _____

Rev. 7/2020 RB