

TRANSCRIPT REQUEST FORM FOR FORMER STUDENTS

PLEASE CHECK ONE

- Graduated from Suffield Academy

Year of Graduation _____

- Attended but **did not** graduate from Suffield Academy

Years of Attendance _____ to _____

Name (as used when in attendance) _____
please print

Date of Birth _____

Current Address _____

Phone number _____ Email _____

PLEASE SEND MY HIGH SCHOOL TRANSCRIPT RECORDS TO (NAME OF SCHOOL AND ADDRESS):

REASON FOR REQUEST _____

Signature _____ Date _____

PLEASE MAIL, EMAIL, OR FAX YOUR REQUEST TO:

Mail: Marlene Rusczyk Suffield Academy College Counseling Office 185 North Main Street Suffield, Connecticut 06078

Email: mrusczyk@suffieldacademy.org

Fax: 860-386-4411 (Attn: Marlene Rusczyk, College Counseling Office)

For Office Use Only

Date Processed _____ Initials _____

FORMER STUDENTS: HOW TO REQUEST A TRANSCRIPT

In accordance with school policy, Suffield Academy requires requests for transcripts to be in writing from the former student. Requests may be made via a letter or email that includes your name as used when in attendance, current address, date of birth, year of graduation or dates of attendance, signature, and the address to which you would like the transcript mailed, or you may print and complete our **Transcript Request Form for Former Students**. Requests for transcripts will not be honored over the phone.

TRANSCRIPT REQUESTS SHOULD BE MAILED, EMAILED, OR FAXED TO:

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Email: mrusczyk@suffieldacademy.org

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Please allow 5 business days for us to process your transcript request. There is no fee associated with this request.