

**NORWALK PUBLIC SCHOOLS
Request for Student Transcript**

Graduation/Withdrawal Date: _____ Request Date: _____

Student Name: _____ D. O. B: _____
(last, first)

Email: _____ Cell # _____

School Attended: _____

To release the following information:

___ Transcript

___ Standardized test score

___ Other as specified (if available)

Release to: _____

Signature

Relationship to student

Proof of Identity: _____

Fees: # of Transcript: _____ X \$2.00 = Total \$ _____