

# TRANSCRIPT REQUEST

Mail to the attention of:

Maryanne Shaffer  
The Gilbert School  
200 Williams Ave.  
Winsted, CT 06098

or email to [shafferm@gilbertschool.org](mailto:shafferm@gilbertschool.org)

<b>Student's Name</b>	
<b>Maiden Name (if applicable)</b>	
<b>Student's Address</b>	
<b>Student's Telephone Number</b>	
<b>Year Graduated</b>	
<b>College or Employer Requesting Transcript*</b>	
<b>Attention</b>	
<b>Street</b>	
<b>City, State, Zip</b>	
<b>Date of Request</b>	
<b>Signature</b>	

**\*If there is more than one transcript request, please list others below.  
Be sure to include complete address.**