



BOLTON PUBLIC SCHOOLS TRANSCRIPT REQUEST FORM

Please complete the form and return to mredner@boltonct.org

PERSONAL INFORMATION:

CURRENT NAME:

CURRENT MAILING ADDRESS:

PHONE NUMBER:

YEAR OF GRADUATION:

DATE OF BIRTH:

FORMER NAME(S):

MAILING INSTRUCTIONS:

TYPE OF TRANSCRIPT (OFFICIAL/UNOFFICIAL):

QUANTITY:

SEND TO THE FOLLOWING ADDRESS(ES):

Please read statement below and type your name and date on the line below

I hereby grant and authorize the right for Bolton High Guidance Department to obtain my transcript and send it to the institution(s) listed above.

Name:

Date:

FOR OFFICE USE ONLY:

Date Received:

Date given:

Via:

Guidance Staff Initials: