## Clinton PUBLIC SCHOOLS

Date

## THE MORGAN SCHOOL

Guidance Department 71 Killingworth Turnpike Clinton, CT 06413 Phone: (860) 664-6544



## TRANSCRIPT REQUEST FOR GRADUATED STUDENTS

Please complete a form for each school, employer, or agency to which you are applying and return to The Morgan School Guidance Department at least <u>10 DAYS PRIOR TO YOUR APPLICATION DEADLINE</u>.

Year of Graduation

Full Name (When at The Morgan School)			
Date of Birth		Phone Number	
Email			
I request the release of records to:			
Name of Individual or Department			
Name of School, Employer, or Agency			
Street Address			
City/State/Zip			
		•	
Requestor's Si	gnature		
Date			

Please complete all information and <u>mail</u> to:

The Morgan School Guidance Department 71 Killingworth Turnpike Clinton, CT 06413

You may also email your completed request to:

kobeirn@clintonpublic.net

A FAX option is not available

During the summer months, please call The Morgan School Main Office at (860) 664-6504 if requesting a transcript.

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