



**NOTRE
DAME**
High School
— Fairfield —

REQUEST FOR TRANSCRIPTS/STUDENT RECORDS

For the protection of records, we require your signature prior to release of transcripts. Please complete this form and return with appropriate payment.

Mail to: Notre Dame High School
220 Jefferson Street **or fax to 203-365-4916**
Fairfield, CT 06825
ATTN: Guidance

PLEASE ALLOW AT LEAST 3 BUSINESS DAYS FOR PROCESSING

_____		_____	
TODAY'S DATE		FULL NAME (Please Print)	
_____		_____	_____
GRADUATION/MAIDEN NAME		DATE OF BIRTH	TELEPHONE
_____		_____	
YEAR OF GRADUATION OR WITHDRAWAL		DID YOU RECEIVE A DIPLOMA FROM ND? YES – NO (Circle)	

(SIGNATURE OF STUDENT OR PARENT)			

Official Transcript: Embossed with Notre Dame's stamp and sealed in an envelope. Required by a school or employer and **mailed directly to them. SCHOOLS/EMPLOYERS DO NOT ACCEPT OFFICIAL TRANSCRIPTS FROM YOU DIRECTLY.** (\$5.00 each)

Unofficial Transcript: Neither stamped nor sealed / usually requested for personal use. (\$3.00 each)

Immunization records: A copy of immunization information contained in file (**MAY NOT BE AVAILABLE FOR EVERY GRADUATION CLASS**). (\$1.00 each)

PAYMENT INFORMATION

There is no charge for up to three transcripts requested ***within one year*** of graduation.

Number of Official Transcripts Requested _____ @ \$5.00 each = \$ _____
 Number of Unofficial Transcripts Requested _____ @ \$3.00 each = \$ _____
 Number of Immunization Records Requested _____ @ \$1.00 each = \$ _____
TOTAL DUE = \$ _____

Please make checks payable to Notre Dame High School. (Credit Cards not accepted.) Payment must be received for request to be processed.

Unofficial transcripts and/or immunization records can be picked up at the Notre Dame Guidance Office between 8:00 am and 2:30 pm) **OR** mailed to address below:

Please mail **official** transcript(s) to the following school or business address(es):
