

Cromwell High School

Transcript Request

*Please e-mail completed form to:

kshaw@cromwell.k12.ct.us

Full name at time of graduation:

First

Middle

Last

Graduation Year: _____

Date of Birth: _____

**** Official transcripts must be MAILED to a school or business ****

Please mail my official transcript to:

Name of school or business: _____

Street Address: _____

City, State, Zip: _____

OR send an unofficial copy to me:

Fax unofficial copy to (fax number): _____

Email unofficial copy to (email address): _____

*** Please note that we require a signature ***

**** Typed names will not be accepted ****

Signature: _____

Date: _____

Phone Number: (____) _____ - _____

***** Office Use Only *****

Date form was received: _____ Date transcript was mailed: _____