

## South Windsor High School

## **School Counseling Record Request Form for Former Students**

Pull name while attending SWHS:		
Record(s) Required:	Transcript	Immunization Record
I authorize the South W	indsor High School Couns	eling Department to release my high school record(s) to:
(Name and addr	ess of individual or institu	tion where record(s) is to be sent.)
Your Name (Printed): _		
Your Signature:		
Your Phone Number:		

Please return this form to South Windsor High School either by fax, email or mail:

Fax: 860-648-5088

Email: swhscounseling@swindsor.k12.ct.us

Mailing Address: South Windsor High School - School Counseling Office 161 Nevers Road, South Windsor, CT 06074

All record requests will be processed within 10 school days of the receipt of this request. For more information please call: 860-648-5003.