

SOUTH WINDSOR HIGH SCHOOL COUNSELING OFFICE

**161 NEVERS ROAD
SOUTH WINDSOR, CT 06074
Telephone 860-648-5003 Fax 860-648-5088**

RELEASE FORM – OVER 18

I give permission to South Windsor High School to release the following records/information concerning me to:

For the purpose of admission/employment for consideration.

_____ Courses Taken

_____ Grades

Year of Graduation _____

Date of Birth _____

Signature _____ Date _____

Print Name (Include maiden name if applicable) _____

Telephone Number _____

**PLEASE ALLOW TEN SCHOOL DAYS TO PROCESS
TRANSCRIPT REQUEST.**