

**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.**