

FAIRFIELD PUBLIC SCHOOLS

REQUEST FOR TRANSCRIPTS/STUDENT RECORDS

INSTRUCTIONS

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: Fairfield Public Schools, ATTN: Student Records, 501 Kings Hwy. East, Suite 210, Fairfield, CT 06825 or fax to 203-255-8249 ATTN: Student Records.**

PLEASE ALLOW AT LEAST 3 BUSINESS DAYS FOR PROCESSING

TODAY'S DATE	TELEPHONE	
FULL NAME (PLEASE PRINT)	GRADUATION/MAIDEN NAME	
DATE OF BIRTH	YEAR OF (GRAD. OR WITHDRAWAL – <i>circle one</i>)	HIGH SCHOOL

SIGNATURE: _____
(signature of student or parent)

WHAT DO YOU REQUEST?

- Official transcript:** Embossed with Fairfield Public Schools 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.** # of copies: _____
- Unofficial transcript:** Not stamped or sealed. Usually requested for personal use. # of copies: _____
- Immunization records:** A copy of immunization information contained in school file (**MAY NOT BE AVAILABLE FOR EVERY GRADUATED CLASS**). # of copies: _____

PAYMENT

There is ***no charge*** for transcripts requested **within one year** of graduation or withdrawal.

For all other former students, there will be a charge of **\$3.00 per transcript copy, paid in advance before records can be released.** *There is no charge for immunization records. (NO credit cards accepted)*

Total number of copies _____ **Amount paid** _____
(Make checks payable to Fairfield Public Schools)

DELIVERY

- Unofficial** transcripts/Immunization records to be picked up at Student Records between 8:30am and 4:00pm (you will be called when they are ready) **OR** mailed to address below:
- Please mail **Official** transcript to the following school or business address(es):
