



CANTERBURY SCHOOL

TRANSCRIPT RELEASE FORM

Name: _____ Birthdate: _____
(Last) (First) (Maiden)

Year of Graduation or Withdrawn date: _____

Please sign, date and email release form to Mary Savino, Academic Administrative Assistant, at msavino@cbury.org or fax to (860)210-3850. If you are under the age of 18 a parent or guardian signature is required.

Signature: _____
(Date)

Signature of Parent/Guardian: _____
(Date)

Address: _____
(Street) (Apt./Suite)

(City) (State) (Zip Code)

Phone: _____

I hereby authorize Canterbury School to release my transcript to:

1. Name of School/other organization: _____
Address: _____

2. Name of School/other organization: _____
Address: _____

3. Name of School/other organization: _____
Address: _____

(If you require more than three transcripts to be released to other schools or organizations, such as scholarship programs, please include the name and address on a second sheet.)

Kim Morea, Registrar
101 Aspetuck Avenue
New Milford, CT 06776
kmorea@cbury.org or (860)210-3858