



# CANTERBURY SCHOOL

## TRANSCRIPT RELEASE FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Last) (First) (Maiden)*

Year of Graduation or Withdrawn date: \_\_\_\_\_

Please sign, date and email release form to Anne Zapletal, Registrar, at [Azapletal@cbury.org](mailto:Azapletal@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.)*

Anne Zapletal, Registrar  
101 Aspetuck Avenue  
New Milford, CT 06776  
[azapletal@cbury.org](mailto:azapletal@cbury.org) or (860)210-3858