



USE THIS FORM TO REQUEST AN OFFICIAL COPY OF YOUR CANTERBURY SCHOOL TRANSCRIPT.

Completed forms can be emailed to Anne Zapletal, Registrar, at azapletal@cbury.org, faxed to (860) 210-3850, or mailed to Canterbury School at 101 Aspetuck Avenue, New Milford CT, 06776. If you have questions or need more information, please contact the Registrar directly via email above or via phone at (860) 210-3878.

Student Name (*First*) *(Middle)* *(Last)*

Address (*Street*) *(City)* *(State)* *(Zip)*

Date of Birth Year of Graduation/Expected Graduation

I HEREBY REQUEST THAT CANTERBURY SCHOOL RELEASE MY OFFICIAL ACADEMIC TRANSCRIPT TO:

1. _____
Organization Name Email Address (if transcript is to be emailed)

Address (*Street*) *(City)* *(State)* *(Zip)*

2. _____
Organization Name Email Address (if transcript is to be emailed)

Address (*Street*) *(City)* *(State)* *(Zip)*

3. _____
Organization Name Email Address (if transcript is to be emailed)

Address (*Street*) *(City)* *(State)* *(Zip)*

AUTHORIZATION: This request will not be processed without a handwritten signature. If student is under the age of 18 a parent/guardian signature is required.

Signature Date

Parent/Guardian Signature (*if student is under the age of 18*) Date

Parent/Guardian Name (*please print*) Phone Number Email Address