



USE THIS FORM TO REQUEST AN OFFICIAL COPY OF YOUR CANTERBURY SCHOOL TRANSCRIPT OR OTHER ACADEMIC RECORDS. Completed forms can be emailed to Anne Zapletal, Registrar, at [azapletal@cbury.org](mailto: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

OTHER (please specify) \_\_\_\_\_

TO THE FOLLOWING ORGANIZATIONS AND/OR INDIVIDUALS:

1. Organization Name: \_\_\_\_\_

Please email to: \_\_\_\_\_

Please mail to: \_\_\_\_\_  
(Street) (City) (State) (Zip)

2. Organization Name: \_\_\_\_\_

Please email to: \_\_\_\_\_

Please mail to: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Organization Name: \_\_\_\_\_

Please email to: \_\_\_\_\_

Please mail to: \_\_\_\_\_  
(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