# 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 (if applicable) to the school from which you graduated.  See table below.  Fairfield Warde High School will process records for the school formerly known as Fairfield High School.  Any graduation date prior to 1975 will be processed by Student Records in the Business Office.

| Fairfield Ludlowe High School | Fairfield Warde High School | Fairfield Public Schools |
|---|---|---|
| ATTN: Transcripts | ATTN:  Transcripts | ATTN: Student Records |
| 785 Unquowa Road | 755 Melville Ave. | 501 Kings Hwy. East, Suite 210 |
| Fairfield, CT 06824 | Fairfield, CT  06825 | Fairfield, CT 06825 |
| FAX:  203-255-7213 | FAX:  203-255-8284 | FAX:  203-255-8249 |

## *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–*circle one*          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 cash or 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):

_____

_____

_____
(use back of paper if more space is needed)