

HADDAM-KILLINGWORTH HIGH SCHOOL School Counseling Office 95 Little City Road Higganum, CT 06441

TRANSCRIPT RELEASE FORM - GRADUATES

Former H-KHS students may have their official transcript sent to colleges, employers, or others.

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3. Mail form (including4. Be sure to include of the military and	nformation (be sure to sign fee) to the address above. the required \$3 fee PER in the veterans. Check here if yelde out to H-KHS is accepted to the surface of the surface	FRANSCRIPT. Fee volume of the second of the	or a veteran
STUDENT'S NAME (at graduation)	(please print)	YEAR OF GRADUA	TION
Killingworth High School to	mily Educational Rights and o release my transcript, sec ons, scholarships, employer	ondary school report,	CAPT scores, ACT,
STUDENT'S SIGNATURE (Parent's signature also required if	student is under 18 years old)		DATE
Please send my transcr below)	ipt(s) to: (please fill in c	olleges/employers	names/addresses
*Students wishing to receive an	OFFICIAL transcript to include w	vith their application must	read and sign below:
•	copy of my transcript in a s		-
	before submitting it to the	•	
(student's signature)			