

High School Transcript Request Form

Name of High School: _____

Full Address of High School: _____

Your Name While Attending High School: _____

Social Security Number: _____

Date of Birth: _____

Dates Attended: _____

Along with this form, please forward a copy of my high school transcript
(with immunization records if available) to:

Registrar's Office
Goodwin University
One Riverside Drive
East Hartford, CT 06108

Signature of Student: _____

Date: _____