

TRANSCRIPT REQUEST FORM

STUDENT INFORMATION:

Print Student's/Graduate's Full Name Name While Attending Stone Academy

Current Street Address

City, State, Zip Code

Home Phone Cell Phone Work Phone

Last Four (4) Digits of Social Security No. Birth Date (Month/Day/Year)

Last Attended (Year)

Mail Transcript: (Allow 5 business days for processing) Quantity: _____

Name of Person or School

Street Address

City/State/Zip Code

Student's/Graduate's Signature

This signature is required to authorize the release of your transcript to the party listed above and to charge your credit card payment when applicable. Computer-generated signatures are not valid

For internal use only:

Date Received Account Clearance Payment Made Date Sent



COSTS: Payments of \$5 per official transcript processing fee is required prior to the release of all transcripts. Transcripts cannot be provided if you have a financial hold with Stone Academy.

PRIVACY: Student Records are confidential, and transcripts are issued only at the written request of the student or graduate. Telephone requests are not accepted.

TRANSCRIPTS ISSUED TO STUDENT/GRADUATE: A transcript is a complete copy of the student's academic record. Official transcripts bear the Stone Academy seal and the signature of the Registrar. Only students/graduates in "Good Standing" are eligible to receive transcripts.

Send completed and signed form to:

Stone Academy
Office of the Registrar – Transcripts
745 Burnside Avenue
East Hartford, CT 06108

Fax to: 860-569-0783

Payment Information:

A charge of \$5 is made for **each** official transcript. Payment must accompany the request.

Check/Money Order Enclosed (Do not mail cash)

Credit Card

Card Number _____

Exp. Date: ____/____

CVC Code (REQUIRED) _____
(3-digit number on back of card)