

**Bristol Central High School, Bristol, CT
High School Transcript Request
for Graduates and Former Students**

Date: _____

Full Name: _____

If married female, your maiden name: _____

Year of graduation: _____; or last date attended (withdrawal date): _____

Date of birth: _____

Phone number where you can be reached during the day: _____

Send to: (college name and full address; employer and full address; etc.):

Signature: _____

Please mail form to: School Counseling Department
 Bristol Central High School
 P. O. Box 700
 Bristol, CT 06011-0700
 or fax to 860-584-7766
 or E-mail to maryjopastyrnak@ci.bristol.ct.us

Any questions, please call the School Counseling Department at 860-584-7735 x 611159.

(Please allow five to ten business days to process your request. Thank you.)