

Daniel Hand High School Graduate Transcript Request Form

Processing Fee \$3.00 per request
CASH OR CHECK payable to "DHHS"

Instructions

Fill out the form below and mail *with payment* to:

DANIEL HAND HIGH SCHOOL
286 GREEN HILL ROAD
MADISON, CT 06443
Attn: Mrs. Keenan

Phone: 203-245-6360

List additional requests on back of form.

Date: _____ Year of Graduation: _____

Full Name (When in High School): _____

Date of Birth: _____ Phone Number: _____

I request the release of _____ records to
Name

Name of School, Business, or Agency

Street Address

City, State, Zip Code

Signature of Student

No. of Request _____ X \$3.00 = _____ Amount Enclosed

(CASH OR CHECK PAYABLE TO DHHS)

Official Use Only:

Date Received _____

Date Mailed _____

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