

Newington High School

605 Willard Avenue, Newington, CT 06111
860-666-5611, x 1636, x 1637
Fax: 860-594-4196

Principal

Ms. Terra A. Tigno

Assistant Principals

Mr. James E. Harris
Mr. Mario A. Ficocelli
Mr. Sean M. Colley



**Director of School Counseling
& Educational Assessment**

Mr. J. Seth Korn

Counselors

Ms. Rachel Arnett
Mrs. Laura Charamut
Ms. Brianna Sullivan
Ms. Lauren Correll
Mrs. Beth Mantell
Mrs. Maria Palazzo
Miss Jessica Slater

TRANSCRIPT / RECORD REQUEST FORM

School Counseling Office: (860) 666-5611, x 1636, x 1637

Fax: (860) 594-4196

Year of Graduation: _____

Name (at time of attendance): _____

Maiden Name if applicable: _____

Date of Birth: _____

Current Address: _____

Current Telephone: _____

There is no charge for transcripts. Please provide a stamped addressed envelope(s) to the Main School Counseling Office for processing transcript requests

_____ Please send me a copy of an UNOFFICIAL transcript to the address listed above.

_____ Please send my OFFICIAL Transcript to the following institution(s):

Name of Institution: _____

Contact Person/Office: _____

Address: _____

Name of Institution: _____

Contact Person/Office: _____

Address: _____

I hereby authorize the release of my records to the institution(s) named above. In signing, I am verifying that I am the person whose records are being requested.

Signature (Parent/Guardian if student is under 18 yrs of age)

Date of Request

Office Use Only: Date Sent _____ Initials _____
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