Newington High School

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

Principal
Ms. Terra Tigno

Assistant Principals
Mr. Sean Colley
Mr. Mario Ficocelli
Mr. Enzo Zocco

Director of School Counseling & Educational Assessment
Mr. J. Seth Korn

Counselors
Mrs. Laura Charamut
Mr. Mark Danaher
Mrs. Colleen Love
Mrs. Lauren Mannes
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 _____

"Nationally Recognized Exemplary Secondary School"