

Transcript Request  
East Catholic High School Alumni



This release form is only valid for former East Catholic High School graduates. Other requests for transcripts should email the guidance administrative assistant at [deangelog@echhs.com](mailto:deangelog@echhs.com) or call the Guidance Office at (860) 647-8628.

Please answer all questions and print clearly. If requesting a transcript to be mailed to more than one address, a separate release must be completed for each address.

A \$4.00 fee applies for each transcript processed. Please forward this release form along with payment to:  
 East Catholic High School  
 Guidance Office  
 115 New State Road  
 Manchester, CT 06042

I hereby give permission for East Catholic High School to forward my transcript to:

Name of University, College, School or Institution	
Street Address or P.O. Box	
City, State, Zip Code	

Student Information:

Year of Graduation	
First & Last Name	
Maiden name	
Street Address or P.O.Box	
City, State, Zip Code	
Phone Number	
Date of Birth	

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Must be student's signature)

**This release is not valid unless all questions are completed, student is at least 18 years of age, and is properly signed.**