Daniel Hand High School Graduate Transcript Request Form

Processing Fee $3.00 per request
CASH OR CHECK payable to “DHHS”

Official transcripts are sent to a school/business/agency. Official transcripts are not sent directly to your home.

This form is for graduates of DHHS or the Hammonasset School

Fill out the form below and mail with payment to:

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

Phone: 203-245-6360

- Additional requests are listed on the back of form.

Date:	Graduation Year:
Full Name in High School:	
Date Of Birth:	Phone Number:
Email:	

I request the release of my records to:

Name of School, Business or Agency:
Street Address:
Attn:
City, State, Zip:

_____
Signature of Student or Guardian

No. of Request _____ X $3.00 = _____Amount Enclosed
(cash or check payable to DHHS)

Official Use Only: Date Received_____ Date Mailed: _____ Rev. 2017tak