

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 secretary at [lacouturem@echs.com](mailto:lacouturem@echs.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.**