

Newington High School

605 Willard Avenue, Newington, CT 06111
860-666-5611, x 1160, x 1161
Fax: 860-594-4196

Principal
James F. Wenker

Associate Principal
Ms. Terra A. Tigno

Assistant Principals
Mr. Dan A. Dias
Mr. Enzo Zocco



**Director of Student Planning,
Educational Assessment
& Program Improvement**
Ms. Sabrina Lavieri

Counselors
Mrs. Laura Charamut
Mr. Mark Danaher
Mr. Lukas Kailimang
Mrs. Colleen Love
Mrs. Lauren Mannes
Mrs. Beth Mantell
Mrs. Linda Wagner

TRANSCRIPT / RECORD REQUEST FORM

School Counseling Office: (860) 666-5611, x 1160, x 1161

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 _____ ID Checked _____ Initials _____

"Nationally Recognized Exemplary Secondary School"