



Sutton Memorial High School

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TRANSCRIPT RELEASE FORM

(For Past Graduates Only)

Please print this form, complete it, and mail or drop it off at the Guidance Office at the address listed above. Please include a check for \$2.00 per transcript made payable to Sutton High School.

Your name at the time of graduation: _____

Year of graduation: _____

Your email address: _____

Your phone number: _____

I hereby authorize the Sutton Public School system to forward my academic transcript to the following institution(s) or person(s): ****Please include complete addresses.**

Signature: _____

Date: _____