

# METROPOLITAN BUSINESS ACADEMY

## Prior Student Transcript Request Form Please allow 7-10 business days | \$3.00 Fee (cash only)

Complete form and mail, fax, or drop off to:  
**115 Water Street, New Haven, CT 06511 phone 203.497.7700 fax 203.497.7705**

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### Release of Information

Request Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year of Graduation/Last Year of Attendance: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Student ID #(if available): \_\_\_\_\_

Full Name at Time of Attendance: \_\_\_\_\_

I, \_\_\_\_\_, request the  
release of my high school transcript to be picked up by me | sent to | faxed to:  
(circle one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax number: \_\_\_\_\_

**If picking up:** Number of copies requested: \_\_\_\_\_

Check here if being sent to **multiple addresses**. Write the addresses on back of form.

Signature: \_\_\_\_\_

Office Use Only: Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date payment received \_\_\_\_\_ Please hold transcripts until payment is received.