



SAINT BERNARD SCHOOL

1593 NORWICH NEW LONDON TURNPIKE, UNCASVILLE, CT 06382
Phone: 860-848-1271 ♦ Fax: 860-848-7440 ♦ www.saint-bernard.com

Transcript/Immunization Record Request Form

Please use this form to make an official request with Saint Bernard School Counseling Department for a copy (both Official and Unofficial) of your high school transcripts or the Nurse for your Immunization Record.

Please be aware that requests may take up to a full week to be processed.

NOTE: that we do not have copies of high school diplomas.

Name _____ Year of Graduation _____

Maiden Name _____ Date of Birth _____

Current Mailing Address _____

Phone Home _____ Cell _____

Email Address _____

TRANSCRIPT REQUEST

This form can be faxed to: 860-848-7440 or emailed to: guidance@saint-bernard.com

Type of Transcript _____ Official _____ # of copies

_____ Unofficial _____ # of copies

Mail Transcript to:

IMMUNIZATION RECORD REQUEST

If you need a copy of your immunization records, this form can be
faxed to: 860-848-7440 Attn: Nurse's Office or emailed to: nurse@saint-bernard.com

Mail Immunization Record to:

The form can be mailed to:

Saint Bernard School, 1593 Norwich New London Turnpike, Uncasville, CT 06382
Attn: School Counseling Department or Nurse's Office