CARDINAL KUNG ACADEMY

948 NEWFIELD AVE. STAMFORD, CT 06905
203-329-8296

Transcript Request Form

Date of Request: _____

Student Name: _____

Maiden Name (*if applicable*): _____ Date of Birth (MM/DD/YYYY): ___/___/____

Current Address: _____

Email Address: _____ Phone Number: _____

Cardinal Kung Academy has archive transcripts records of only four former Diocesan schools. Official transcripts can be sent to the employer/school or another agency requiring such a document. There is a $8.00 charge per transcript.

Please select your school:

( ) Stamford Catholic High School ( ) Trinity Catholic High School (Stamford)

( ) St. Mary's High School (Greenwich) ( ) Central Catholic High School (Norwalk)

Dates attended: _____ Year of Graduation/Withdrawal: _____ No. of transcript copies: _____

Transcript Delivery Method: ___ U.S. Mail ____Email

Transcript to be sent to (provide mailing or email address):

_____

Attn to: _____

Address: _____

_____

PROCESSING INFORMATION:
Please remit this form to records.request@cardinalkungacademy.org and appropriate payment. Checks should be made out to Cardinal Kung Academy, or bring cash to the office.

Please allow 5-7 business days for processing!

By signing the form, you hereby grant consent to the Cardinal Kung Academy to release your "TRANSCRIPT RECORDS" of the above named "Student" to the above named "Records Recipient" and agree to indemnify and hold harmless the Cardinal Kung Academy and the Diocese of Bridgeport from any claims, acts, losses, damages, or judgements arising from the release of said "TRANSCRIPT RECORDS."

Student/Alumni Signature: _____