

**CDA YORK COUNTY**

Child Development Credentialing Training Program  
PO Box 512, Sanford, Maine 04073 (207) 324-6844 or (207) 286-1445  
[www.cdayorkcounty.org](http://www.cdayorkcounty.org) e-mail: [cdayc@zwi.net](mailto:cdayc@zwi.net)

**High School Transcript Release Form**

To: High School Guidance Office

For: \_\_\_\_\_

(Students Name)

The above named student is requesting a copy of her/his Official High School Transcripts. Please return this signed form to:

CCSYC, CDA York County  
P.O. Box 512.  
Sanford, ME 04073  
Attn: CDA

**Students: Please fill in the following areas before mailing to the High School you attended.**

**For High School Graduates:**

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

Name while in High School (if different from above): \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Month and Year of Graduation: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_  
\_\_\_\_\_

**For G.E.D. Certificate Recipients:**

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

Name while in High School G.E.D. Certification Course (if different from above): \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

Month and Year G.E.D. Completed: \_\_\_\_\_

Address of G.E.D. Center: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)