



# ROBERT E. FITCH HIGH SCHOOL



School Counseling Department

101 GROTON LONG POINT ROAD GROTON, CT 06340

PHONE: 860-449-7200 FAX: 860-449-7273

## POST GRADUATE TRANSCRIPT REQUEST FORM

**\*Please allow 48 business hours from time of receipt to process your request**

**\*ID required**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Office Use
<input type="checkbox"/> ID Verified

Name Attended Under: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street

City,

State

Zip Code

TELEPHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AND SSN: (last 4 digits only) \_\_\_\_\_

Graduate? YES or NO

YEAR OF GRADUATION/CLASS OF: \_\_\_\_\_

**\*Night School ? YES or NO**

If YES (class of 2006—present) this request goes to Night School for completion

I would like:  Official Transcript (**\$5.00 fee per transcript is required**)

To maintain official status these transcripts must remain in the sealed envelope.

Cash, check or money order (made out to Fitch High School)

Unofficial Transcript (**Free**)

Night School

250 Brandagee Ave

Groton, CT 06340

860-441-2152

1. Send to:

Office Use
<input type="checkbox"/> Paid

\_\_\_\_\_ Attention

\_\_\_\_\_ College or Company Name

\_\_\_\_\_ Street

\_\_\_\_\_ City, State & Zip Code

\_\_\_\_\_ Fax Number (unofficial only)

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

2. Send to:

Office Use
<input type="checkbox"/> Paid

\_\_\_\_\_ Attention

\_\_\_\_\_ College or Company Name

\_\_\_\_\_ Street

\_\_\_\_\_ City, State & Zip Code

\_\_\_\_\_ Fax Number (unofficial only)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**\*Individuals over 18 requesting a transcript must sign their own form**

Revised: September 5, 2017

**Achieve More Believe More Care More**