

# GROTON ADULT EDUCATION

*“Step up to a new future of opportunity.”*



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## TRANSCRIPT REQUEST (If Needed)

**TO:** School: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FROM:** Name (In Full): \_\_\_\_\_

Maiden Name (If Married): \_\_\_\_\_

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

Street

\_\_\_\_\_

City/Town

State

Zip Code

Phone: \_\_\_\_\_

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

Dates Attended: \_\_\_\_\_

Please forward my official academic transcript to:

**Groton Adult Education Counselor**

Fitch High School  
101 Groton Long Point Road  
Groton, CT 06340

or FAX to (860) 449-7217

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