



ROBERT E. FITCH HIGH SCHOOL



School Counseling Department

101 GROTON LONG POINT ROAD GROTON, CT 06340

PHONE: 860-449-7200 FAX: 860-449-5615

fitchschoolcounseling@groton.k12.ct.us

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

YEAR OF GRADUATION/CLASS OF: _____

***Night School ?** YES or

If you attended night school(class of 2006—present) this request goes to Night School for completion
Night School

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)

101 Groton Long Point Rd

Groton, CT 06340

860-449-7821

Unofficial Transcript (Free)

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

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