



NORWICH ADULT EDUCATION

HIGH SCHOOL CREDIT DIPLOMA PROGRAM REQUEST FOR TRANSCRIPT

JOHN GLOVER, ED. D
DIRECTOR

Last Name First Name Middle Initial Maiden Name

Date of Birth

Name of High School

Address of High School

Year You Left High School Year Your Class Graduated

AUTHORIZATION TO RELEASE INFORMATION:

I authorize release of my school records and information concerning my achievements in school. Please forward my **OFFICIAL** school transcript to:

**TRANSCRIPT COORDINATOR
NORWICH ADULT EDUCATION
191 HICKORY STREET
NORWICH, CT 06360**

Student Signature Date

Signature of Parent or Guardian
if student is under 18 years old

FOR OFFICE USE ONLY:

Requested by: _____

PROGRAM: _____ DAY _____ EVENING _____

DATE REQUESTED: _____ DATE RECEIVED: _____