

ROBERT E. FITCH HIGH SCHOOL



School Counseling Department

101 GROTON LONG POINT ROAD GROTON, CT 06340

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

Email: 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: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ / _____ / _____

SSN: (last 4 digits only) _____

Graduate? YES or NO

YEAR OF GRADUATION/CLASS OF: _____

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) - can be emailed**

***Night School ?** YES or NO

If YES (class of 2006—present) this request goes to Adult Ed for completion

Groton Adult Education
 101 Groton Long Point Rd
 Groton, CT 06340
gpsadulter@groton.k12.ct.us
 860-449-7200 x22119

<https://www.grotonschools.org/teachinglearning/adulterd>

1. Send to:

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

Attention

College or Company Name

Street

City, State & Zip Code

Fax Number or email address (unofficial only)

2. Send to:

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

Attention

College or Company Name

Street

City, State & Zip Code

Fax Number or email address (unofficial only)

Signature: _____

Date: _____ / _____ / _____