Alumni Transcript Request Form

Robert E. Fitch High School
School Counseling Department
101 Groton Long Point Road
Groton, CT 06340
860-449-7200 Fax 860-294-5335
fitchschoolcounseling@groton.k12.ct.us

Name: _____ Date:_____

Name while you were at Fitch: _____ Date of Birth: _____

Year of Graduation/Class of:_____ ☐ Day School or ☐ Adult Ed (please check one)

Address: _____

Phone #:_____ Email:_____

Authorization for Release of Information:
I hereby grant Fitch High School permission to release copies of my records to the school(s)/agency(s) listed below. I also release all parties from any liability or responsibility in granting and furnishing such information.

Signature:_____ Date:_____

Please note that Official Transcripts are $5 each. Payment can be made by cash, check or money order, payable to Fitch High School.

Send Via: ☐ **Email** ☐ **Fax** ☐ **Mail** ☐ **Official Transcript** ☐ **Unofficial Transcript**

Send to: _____
(Name of Institution or Organization)

_____
(Address)

_____
(Email or Fax)

Send Via: ☐ **Email** ☐ **Fax** ☐ **Mail** ☐ **Official Transcript** ☐ **Unofficial Transcript**

Send to: _____
(Name of Institution or Organization)

_____
(Address)

_____
(Email or Fax)

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For Office Use:
Date sent: _____