



Alumni Transcript Request Form

Robert E. Fitch High School
School Counseling Department
101 Groton Long Point Road
Groton, CT 06340

860-449-7200 Fax 860-449-5615

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. **Please note official transcripts can only be mailed and need to remain sealed.**

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)				