

# GROTON ADULT EDUCATION

*"Step up to a new future of opportunity."*



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## School Transcript Request (If Needed)

**TO:** School: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**FROM:** Name (In Full): \_\_\_\_\_

Maiden Name (If Married): \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City/Town State Zip Code

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Please forward my official academic transcript to:

Groton Adult Education Counselor  
West Side Middle School  
250 Brandegee Avenue  
Groton, CT 06340

or FAX to (860) 449-5628

Signature: \_\_\_\_\_ Date: \_\_\_\_\_