# *Norwich Regional Adult Education Cooperative*

**191 Hickory Street, Norwich, CT 06360**

***Jody Lefkowitz, Interim Regional Director***

**Telephone 860-823-4299 Fax 860-892-4367**


## TRANSCRIPT RELEASE FORM

### PLEASE PRINT:

Name: (Your name when enrolled in Norwich Adult Education)

First: _____ Middle: _____ Last:_____

Current Name (if different from above): _____

Date of Birth: _____

Program (choose one): ◯ Credit Diploma ◯ GED /ABE ◯ NEDP (National External Diploma Program)

Site Your Attended: _____ Year of Graduation _____ OR Last Year of Attendance _____

Current Address: _____
Street City State ZIP

Current Telephone Number: _____ E-mail Address: _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT / GUARDIAN SIGNATURE: _____ DATE: _____

### MAIL TRANSCRIPT TO:

***COLLEGE/INSTITUTION NAME AND ADDRESS MUST BE COMPLETED BY STUDENT***

Name: _____

Address: _____

Name: _____

Address: _____

***Note:*** *Official transcript can be mailed to college/institution or to student to directly. The transcript must remain in the sealed Norwich Adult Education envelope to be considered official.*