



Greater Lawrence Technical School

Release of Student Transcript

**I hereby authorize Greater Lawrence Technical School to release
the high school transcript for:**

Student Name: _____ DOB: _____

Name when attended GLTS (if different) _____

Phone or email: _____ YOG: _____

What best describes your graduation status form GLTS?

- Graduated
- Transferred/Withdrew

Fax a copy to: _____

Email a copy to: _____

Mail a copy to: _____

Signature of Student

Date

Please complete this form and return it:

By Fax: 978-685-0183

By Email: akennedy@glts.net or sderosa@glts.net

By Postal Mail: Greater Lawrence Technical School

57 River Road

Andover, MA 01810

Attn: Guidance



"Greater Lawrence Technical School is an Equal Opportunity Employer"

57 River Road, Andover, MA 01810
www.glts.net

Tel: 978-686-0194

Fax: 978-681-7783