



601 Matianuck Avenue, Windsor, CT 06095
 860.687.2000 EXT. 1271
 Windsoradulthood.org



NEDP® Transcript Request Form

(Click [here](#) for GED® Transcript Request form)

Current Name: _____

Last First Middle

Name used while in program (if different from above):

Last First Middle

Current Address: _____

Street Town State Zip

Phone: _____ Email: _____

Year of Graduation: _____

Student Signature: _____ Date: _____

Complete the steps below to have Windsor Adult Education send your official NEDP® transcripts

- Email, Mail, or deliver this complete form at least **2 weeks** before you need transcripts
- Email maguirre@windsorct.org
- Mail to: Windsor Adult Education 601 Matianuck Avenue, Windsor, CT 06095, Room 9
- Deliver to: Windsor Adult Education 601 Matianuck Avenue, Windsor, CT 06095, Room 9
- There is no charge for transcripts
- For Transcript to be **“Official”** the Windsor Adult Education envelope must remain sealed

Name of person to send transcript to:	College/Institution	Street Address	Town	State	Zip Code
1.					
2.					
3.					