CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM

REQUEST FOR CTHSS ADULT EDUCATION TRANSCRIPT FOR COURSES COMPLETED

Please print, complete and fax or send to school of attendance.

Name: ____________________________________________________________

(Last Name, First, Middle)

Address: __________________________________________________________

(Street or PO Box, City, State, Zip Code)

Date of Birth: ________________________ Telephone Number: ________________________

(Area Code and Number)

School(s) Attended: ________________________________________________

Start Date: ________________________ End Date: ________________________

Program – Apprentice, Extension (i.e., Plumbing, Electrical):

______________________________________________________________

Email: __________________________________________________________

Student’s Signature: ____________________________________________ Date: ______________________

Office use only:

Date Received: ________________________ Date Mailed or Faxed: ________________________