Connecticut Technical
High School System

Request for J. M. Wright Technical High School
Official Transcript or Medical Records

Please print and sign

This request is for:

☐ **Official Transcript** ☐ **Last Physical Exam** ☐ **Immunization Record**

Year graduated or withdrew from J. M. Wright High School:_____

Name: _____ _____
(Maiden) **(Last Name, First, Middle)**

Address: _____
(Street or PO Box, City, State, Zip Code)

Date of Birth: _____ Telephone Number: _____
(Area code and Number)

☐ **Mail a copy of my** ☐ **last physical exam** ☐ **immunization record to me at the address provided above.**

☐ **Fax a copy of my** ☐ **last physical exam** ☐ **immunization record to me at:** _____
(Area code and Number)

☐ **Mail my official transcript to:**

Name of Company/School: _____

Address: _____
(Street or PO Box, City, State, Zip Code)

Contact Person: _____ Phone number**:** _____
(Area code and Number)

Student's Signature: _____ Date: _____

Office use only:

Date received: **Date Mailed or Faxed:**