

# 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: \_\_\_\_\_

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**Office use only:**

Date Received: \_\_\_\_\_ Date Mailed or Faxed: \_\_\_\_\_