

431 Minor Street Bristol, CT 06010 Phone: 860.584.8433 Fax: 860.584.0795

bristol.cttech.org

RELEASE OF RECORDS

LAST NAME:	FIRST NAME:
DOB:/ PHONE NUMBER:	
Email address:	
LAST YEAR ATTENDED/YEAR CERTIFICATE AWARD	DED TRADE/SHOP
I authorize the Bristol Technical Educ	ation Center to release the specified record(s) to:
(Please check o	one of the options indicated)
UNOFFICIAL TRANSCRIPT OFFICI	IAL TRANSCRIPT SCHOOL RECORDS
ADDRESS 1:	ADDRESS 2:
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY& ZIP CODE:	CITY & ZIP CODE:
Signature of Student:	Date:
Signature of Parent/ Guardian:	Date:
(only if not a	at least 18 years of age)

Return this form to Bristol Technical Education Center via:

Fax: (860) 584-0795

Email: Miranda. Hoxha@cttech.org or Domenica. Holman@cttech.org

Mail: Bristol Technical Education Center, 431 Minor Street, Bristol, CT 06010

All transcripts will be processed within 10 days of your request except for the summer months.

"Preparing students with the skills to be successful in the modern workforce."