

# CTECS – Connecticut Technical Education and Career 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 – Apprenticeship, Extension (i.e., Plumbing, Electrical): \_\_\_\_\_

Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**Office use only:**

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