



431 Minor Street
Bristol, CT 06010
Phone: 860.584.8433
Fax: 860.584.0795
bristol.cttech.org

TRANSCRIPT REQUEST

**** This form should only be used by students who attend or have attended any of Bristol TEC's full-time day programs, **NOT** the part-time evening apprenticeship program.*

**** We will mail your transcript to the exact address that you provide. Please be certain that it is accurate. PLEASE NOTE: "OFFICIAL" transcripts are directly mailed to schools, institutions and employers. Personal copies are always "UNOFFICIAL".*

LAST NAME: _____ FIRST NAME: _____

DOB: ____/____/____ PHONE NUMBER: _____

Email address: _____

LAST YEAR ATTENDED/YEAR CERTIFICATE AWARDED _____ TRADE/SHOP _____

I authorize the Bristol Technical Education Center to release the specified record(s) to:

(Please check one of the options indicated)

UNOFFICIAL TRANSCRIPT

OFFICIAL TRANSCRIPT

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 at least 18 years of age)

Return this form to Bristol Technical Education Center via:

Fax: (860) 584-0795

Email: Miranda.Hoxha@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.