

VERNON REGIONAL ADULT BASED EDUCATION

Rockville High School, 70 Loveland Hill Road, Vernon, CT 06066

PHONE (860) 870-6060 FAX: (860) 870-6455

<http://www.vrabe.org>

TRANSCRIPT RELEASE FORM

PLEASE PRINT NEATLY AND FILL IN ALL INFORMATION

Current Name: _____
Last First Middle

Name at the time you were enrolled in Vernon Regional Adult Based Education (if different from above):

Last First Middle

Current: _____
Address (Street) (Apt. #) (Town) (State) (Zip)

Phone: - - **Email address:** _____ **Birth:** ___/___/___
Date Mo / D / Yr

Program (check one): **CDP (Credit Diploma Program)** **NEDP (Nat'l External Diploma Program)**

FOR GED TRANSCRIPT: If you received your **State High School Diploma by passing GED test**, we **DO NOT** have your transcript. Go to <http://www.sde.ct.gov/sde>, click on Adult Ed, then GED. Fill in GED transcript request form and mail to: GED Office, CT State Dept. of Education, 25 Industrial Park Rd., Middletown, CT 06457. Phone: 860-807-2110.

Site You Attended: _____ **Year of Graduation:** _____ **Or Last Year of Attendance:** _____

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

(Required if the student is under 18)

To have VRABE send your transcript to you, college and/or an institution:

- 1) Fill in all details on this form and return at least **2 weeks** before you need your transcript
- 2) **Sign and Mail** this form to the above address, or **Fax** to 860-870-6455.
- 3) When you receive your transcript, it must remain in a **sealed VRABE envelope** to be **OFFICIAL**

Name of Person	College/Institution	Street Address	Town	State	Zip
1.					
2.					
3.					
4.					