

**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/ Day/ Yr

**Program (check one):**  CDP (Credit Diploma Program)  NEDP (National 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, 450 Columbus Boulevard, Hartford, CT 06103-1841. 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. We do not charge for transcripts.
- 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.					