

**VERNON REGIONAL ADULT BASED EDUCATION
ROCKVILLE HIGH SCHOOL
70 LOVELAND HILL ROAD
VERNON, CT 06066
PHONE: (860) 870-6060
FAX: (860) 870-6455**

**** Official Transcript Request Form ****

This is an auto-fill form. Just click in each field and type or select your answer.

Your name when you were enrolled in high school:

First:

Middle:

Last:

Birth Date (MM/DD/YYYY):

Current Address:

Current Telephone Number:

Student Signature:

(Must be hand written after printing this document.) _____ **Date:**

Parent/Guardian Signature: Required if student is under 18

(Must be hand written after printing this document.) _____ **Date:**

Former High School:

For Connecticut students, please include the SASID Number:

MAIL OFFICIAL TRANSCRIPT & LETTER OF WITHDRAWAL (If 18 years and under) TO:

Vernon Regional Adult Based Education

c/o Rockville High School

70 Loveland Hill Road

Vernon, CT 06066

High School Transcript Release Form