

**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 **

PLEASE PRINT:

Name: (Your name when you were enrolled in high school.)

First: _____ **Middle:** _____ **Last:** _____

Date of Birth: _____

Current Address: _____

Current Telephone Number: _____

STUDENT SIGNATURE: _____ **DATE:** _____

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

(Required if the student is under 18)

FORMER HIGH SCHOOL: _____

For Connecticut students, please include the SASID number: _____

MAIL OFFICIAL TRANSCRIPT & LETTER OF WITHDRAWAL (If 18yrs and Under) TO:

Vernon Regional Adult Based Education
c/o Rockville High School
70 Loveland Hill Road
Vernon, CT 06066