

**BULLARD HAVENS TECHNICAL HIGH SCHOOL**

500 Palisade Avenue

Bridgeport, CT 06610

Phone: 203-579-6333

*Please email or fax request to:

Opal.abrahams@cttech.org or Fax: 203-579-6341**OFFICIAL TRANSCRIPT REQUEST FORM**

NAME: _____
 First Middle Last

Maiden Name/Other name used at graduation: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

D.O.B.: _____ YEAR OF GRADUATION: _____ TRADE: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

 Mail Transcript:NAME/SCHOOL/BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

 Fax:

NAME: _____

FAX NUMBER: _____ ATTENTION: _____

 Pick Up:

NAME OF PERSON PICKING UP: _____

Please provide the complete name and address of the institution, as well as the specific person or office who will receive your transcript. Please allow up to 3 working days for processing, as transcripts are processed on a first come, first served basis.

Student Signature_____
Date**OFFICE USE ONLY**

Date Mailed: _____

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