

  
**WALLINGFORD  
ADULT EDUCATION**  
**OFFICIAL TRANSCRIPT REQUEST FORM**

Please complete a separate request form for each address a transcript is required

**Student Information**

First Name	Last Name	Maiden and/or Other Name
Address (Home Number and Street)		Apartment Number
City		State
Zip Code		Telephone Number (XXX-XXX-XXXX)
Birthdate (MM/DD/YYYY)		Year of Graduation and Program (CDP, NEDP, GED)

**Transcript Request Information**

Agency/Institution/Individual's Name	Address (Number and Street, City, State and Zip)

**Reason for transcript request:**

- Transferring to another program • Applying to college
- Employment • Other (Please Specify)

Signature of Person Requesting Information: \_\_\_\_\_

**PLEASE NOTE:** Please mail, fax, email or drop off this completed form to Wallingford Adult Education at the address below.

**Wallingford Adult Education**  
**37 Hall Avenue**  
**Wallingford, Connecticut 06492**  
**Fax: (203) 294-3929**  
**Email: WallingfordAdultEd@wallingfordschools.org**