E. C. GOODWIN TECHNICAL HIGH SCHOOL
TRANSCRIPT REQUEST FORM

LAST NAME: ______________________ FIRST NAME: ______________________
D.O.B: ____/_____/____ PHONE NUMBER: __________________

PLEASE CHECK ONE OF THE FOLLOWING BELOW AND SPECIFY YEAR OF ATTENDANCE AND TRADE IF APPLICABLE.

☐ GRADUATED  ☐ WITHDRAWAL  ☐ TERMINATED

LAST YEAR ATTENDED/ YEAR OF GRADUATION ____________

Please specify one of the following:

TRADE/SHOP _____________  LPN _________  POST GRAD COURSE _____________

☐ OFFICIAL TRANSCRIPT  ☐ UNOFFICIAL TRANSCRIPT

LIST THE COMPLETE ADDRESS AS TO WHERE YOU WOULD LIKE YOUR TRANSCRIPT TO BE SENT:

ADDRESS 1:
NAME: __________________________________________________
ADDRESS: _________________________________________________
CITY & ZIPCODE: __________________________________________

ADDRESS 2:
NAME: __________________________________________________
ADDRESS: _________________________________________________
CITY & ZIPCODE: __________________________________________

SIGNATURE: ___________________________________  DATE: ________________