



**CAREER/TECHNICAL EDUCATION
DUPLICATE TRANSCRIPT / CERTIFICATE REQUEST FORM**

PERSONAL INFORMATION (Please print or type)

Name: Last _____, First _____ Middle _____

Alias _____

Student ID/Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail address _____

PROGRAM INFORMATION

Program Name _____

Dates of Attendance/ Completion _____

Instructor's Name _____

Record Requested: _____ Transcript _____ Certificate _____ Other

MAILING INFORMATION

Contact Person _____

Institution _____

Department _____

Address _____

City _____ State _____ Zip Code _____

The cost of each item requested is as follows: Transcripts \$2.00/Certificates \$2.00. Requests will be processed within five (5) business days. If for any reasons we are unable to locate your records, you will be notified. Please feel free to contact the CTE Department at 305-445-7731, extension 2308, with any questions or concerns regarding this request.

No personal checks, only cash or Money Orders. All fees are non-refundable.

Prepared by: _____ Date: _____