

**McCANN TECHNICAL SCHOOL
Postsecondary Programs
70 Hodges Cross Road
North Adams, MA 01247
413-663-5383**

REQUEST FOR OFFICIAL TRANSCRIPT OF CREDITS

**(Applicant: Please complete this form and mail/bring it to the school you attended.
Before mailing, please contact your school; there may be a charge for your transcript.)**

Last Name First Name Middle Initial Maiden Name

No. and Street City State Zip

Telephone Number Social Security # Date of Graduation
or Years Attended Degree Received

To the Registrar/Guidance Officer of: _____
Name of High School or College

Please forward an official copy of my academic record to:

**McCANN TECHNICAL SCHOOL
Postsecondary Programs
70 Hodges Cross Road
North Adams, MA 01247**

Signature

Date

Please inform me if you cannot release my transcripts.