

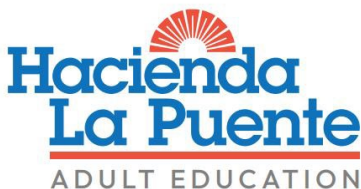
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**CAREER AND TECHNICAL EDUCATION
TRANSCRIPT REQUEST**

Date: _____

Student Name: _____

Also Known As: _____

Email: _____

I attended HLP AE from _____ to _____

Program Attended: _____

Date Graduated: _____

Please send an official copy of my transcript to:

*****Transcripts processing time is 7-10 business days.***

Number of Copies requesting _____

\$5.00 per transcript

(cash, credit, debit or money order accepted, *NO PERSONAL CHECKS WILL BE ACCEPTED*)

Amount included \$ _____

Student Signature: _____

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

Address: _____

****Please provide picture identification when submitting your request.***