



Transcript Request Form

In compliance with the Privacy Act of 1974, a request for records of attendance must be submitted in writing and accompanied by the participant's signature.

Name (Last, First, Middle Initial) _____

Agency _____

Street _____

City _____ State _____ Zip _____

Mail to (if different than above):

Name: _____

Street _____

City _____ State _____ Zip _____

I hereby authorize the Connecticut Transportation Institute to release my official record of attendance as indicated.

Signature: _____

Please fax request to Shelly Desjardin, at (860) 486-5718

Or mail request to:

Connecticut Transportation Institute
179 Middle Turnpike, Unit 5202
Storrs, CT 06269-5202

Phone: 860-486-9373
Fax: 860-486-5718