

**UPPER CAPE COD REGIONAL TECHNICAL SCHOOL  
TRANSCRIPT REQUEST FORM**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*(Parent signature if under the age of 18)*

Counselor (check one):

- Kerrigan
- Leonard
- McGuire

Name of institution:

Mailing address:

Documents requested (check all that apply):

- Transcript
- Secondary school report
- Counselor letter of recommendation
- Teacher letter of recommendation \_\_\_\_\_
- Teacher letter of recommendation \_\_\_\_\_

**FOR COUNSELOR USE ONLY**

- Mailed
- Faxed
- Submitted electronically

**DATE** \_\_\_\_\_

Notes/comments: