

TRANSCRIPT REQUEST

Mail transcript request to: The Apprentice School
 4101 Washington Avenue, Bldg. 812
 Newport News, VA 23607
 Or fax to: (757) 688-0305 Attn: Apprentice School Registrar
 Or scan and email to: apprenticeschool@as.edu

One form per request.

Transcript requests are processed for free.

Name: _____ Date: _____

Social Security #: - - or NNS per # _____

Apprentice Trade: _____ Year last attended: _____

Did you graduate? Yes No If so, what year?:

Curriculum studies: Advanced Basic

TRANSCRIPT TO BE PREPARED: Official Unofficial

Transcripts will not be faxed.

Transcript is to be mailed to (must provide complete mailing address):

Name of Institution: _____ Attn: _____

Address: _____

City _____ State: _____ Zip: _____

And/Or personal mailing address:

Address: _____

City _____ State: _____ Zip: _____

SIGNATURE: _____
REQUIRED

Provide contact phone number _____

Private/Sensitive Information Provided
NNS Private/Proprietary Level 1