



**CAREER/TECHNICAL EDUCATION**  
**DUPLICATE TRANSCRIPT/ CERTIFICATE REQUEST FORM**

**PERSONAL INFORMATION** (Please print or type)

Name: Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

Alias \_\_\_\_\_

Student ID/Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**PROGRAM INFORMATION**

Program Name \_\_\_\_\_

Dates of Attendance/ Completion \_\_\_\_\_

Instructor's Name \_\_\_\_\_

Record Requested: \_\_\_\_\_ Transcript \_\_\_\_\_ Certificate \_\_\_\_\_ Other

**MAILING INFORMATION**

Contact Person \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The cost of each item requested is as follows: Transcripts \$5.00/Certificates \$7.00. Requests will be processed within five (5) business days. If for any reasons we are unable to locate your records, you will be notified. Please feel free to contact the CTE Department at 305-445-7731, extension 2308, with any questions or concerns regarding this request.

**No personal checks, only cash or Money Orders. All fees are non-refundable.**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_