

**CONNECTICUT STATE DEPARTMENT OF HIGHER EDUCATION
PRIVATE OCCUPATIONAL SCHOOL APPROVAL UNIT**

61 Woodland Street, Hartford, CT 06105

REQUEST FOR STUDENT RECORDS

Name of school: _____

Address of school: _____

Name of student: _____

Name of student at time of attendance: _____

Date of birth: _____ Social Security #: _____

Other identifying number issued by school (if applicable): _____

Program Name: _____

Dates of attendance: _____

Graduated: Yes _____ No _____ Date of graduation: _____

Request for Transcript: Yes _____ No _____

Request for Attendance Records: Yes _____ No _____

Request for other records (Specify): Yes _____ No _____

(If you are not sure of the names of records, you may want to specify why you need these records to help us in our search of your file for suitable records)

Home Phone: _____ Work/Other Phone: _____

Your address: _____

Address to send document(s), if different than home address, and to whose attention, if applicable: _____

Signature of Student: _____ Date: _____

POSA MI 1 (11/95)

(Attach copy of MI 1 to records. Date response mailed _____ Initials _____)