

**GREATER LOWELL TECHNICAL SCHOOL
ADULT POST-SECONDARY PROGRAMS**

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TRANSCRIPT REQUEST FORM

I, _____ hereby authorize Greater Lowell Technical School
(Print Full Name At The Time of Attending School)

to release my transcripts. I graduated from the

(Name of Program)

(Month)

(Year)

Please forward these transcripts to the following address:

Signature of Requester: _____

Date: _____

MAKE CHECK OR MONEY ORDER PAYABLE TO GLTS and mail to 250 Pawtucket Blvd., Tyngsboro, MA 01879.
Check must accompany request for transcripts to be mailed.

Normal turnaround time: 5 days for 1 set of transcripts: \$3.00

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Additional sets: \$2.00 each set

FOR OFFICE USE ONLY

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