



## APPRENTICE TRANSCRIPT REQUEST

### PLEASE COMPLETE AND SUBMIT TO HIGH SCHOOL GUIDANCE OFFICE

Please Forward \_\_\_\_\_  
FIRST MIDDLE NAME LAST

Social Security Number \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_

Applicants Signature: \_\_\_\_\_

Send transcript of high school records to:

APPRENTICESHIP OFFICE  
LAKESHORE TECHNICAL COLLEGE  
1290 NORTH AVENUE  
CLEVELAND WI 53015-1414

OR

Fax to: 920-693-3508  
APPRENTICESHIP OFFICE  
LAKESHORE TECHNICAL COLLEGE

Please check next to the Trade you are applying for:

Carpentry \_\_\_\_\_ Plumbing \_\_\_\_\_ Sheet Metal \_\_\_\_\_