



## 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  
LAKESHORE TECHNICAL COLLEGE  
1290 NORTH AVENUE  
CLEVELAND WI 53015-1414**

**OR**

**Fax to: 920-693-8019  
APPRENTICESHIP  
LAKESHORE TECHNICAL COLLEGE  
1290 NORTH AVENUE CLEVELAND WI 53015-1414**

Check the box next to the Trade you are applying for:

Mason   
Plumbing

Carpentry   
Sheet Metal