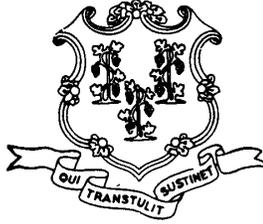


STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 Occupational & Professional Trades Division  
 165 Capitol Avenue  
 Hartford, CT 06106  
 Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)



## Verification of Education

➤ **Candidates must complete this form prior to submitting to your Registrar.**

First Name	Middle Initial	Last Name		
Street Address		City	State	Zip Code
Social Security Number	Date of Birth	Email Address		

## Record of Graduation

➤ Registrar's Office must provide the information requested below and return the completed form to the person named above. **Transcripts are only required for land surveyor applicants.**

**This is to certify that:**

Name of Graduate				
<input type="checkbox"/> was graduated on _____ or <input type="checkbox"/> expects to graduate on _____				
Name of College or University				
Street Address		City	State	Zip Code
Indicate Type of Degree and Major & Curriculum				

**Certified By:**

Name of Registrar		Affix School Seal (Mandatory)
Signature of Registrar	Date	