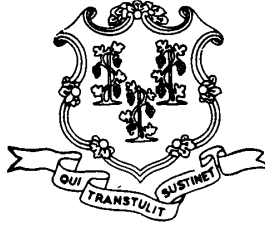


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 Occupational & Professional Licensing
 450 Columbus Boulevard, Ste 901
 Hartford, CT 06103
 Email: dcp.occupationalprofessional@ct.gov



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	