

DARKE COUNTY EDUCATIONAL SERVICE CENTER
5279 EDUCATION DRIVE
GREENVILLE, OH 45331-9761
(937) 548-4915

REQUEST FOR OFFICIAL TRANSCRIPT

Check and sign one of the following statements:

I am 18 years of age and hereby request and authorize the proper officials to furnish a complete and official transcript of my school record.

Signature _____ Date _____

I am the parent and/or legal guardian of the person (under age 18) for whom I hereby request and authorize the proper officials to furnish a complete and official transcript.

Signature _____ Date _____

Mail or fax transcript to: Fax No: _____

Name of Person _____

College or Firm: _____

Street Address: _____

City, State, Zip: _____

Mail additional transcript to: (if applicable) Fax No: _____

Name of Person _____

College or Firm: _____

Street Address: _____

City, State, Zip: _____

Complete the following:

Name on Transcript _____

Date of Birth _____

School Attended _____

Last Year of Attendance _____

Graduate Non-Graduate

I understand by virtue of this request that an official transcript may include, but is not limited to the following:

- I. Identifying date
 - A. Name, address, birth date, birth place
 - B. Mother, father, identifying data
- II. Test score data
 - A. Intelligence
 - B. Aptitude
 - C. Achievement
 - D. Interest
- III. Scholastic record
 - A. Courses taken and grades earned.
 - B. Attendance record.
 - C. Grade point average
 - D. Class rank
 - E. Record of promotion, graduation, dropping out
- IV. Other data

****A five dollar (\$5.00) fee payable to the Darke County Administrator's Fund is required for the issue of an official transcript. Please mail this form along with payment and we will issue transcript ASAP.**

OFFICE USE ONLY

Date request received _____

Date transcript(s) mailed _____

Person processing transcript(s) _____

Number of transcripts requested _____ Fee Paid \$ _____
