



Transcript Request Form

Student:

Please complete the top portion of this form for the last high school you attended and deliver the completed form to the high school. You are requesting educational records to be forwarded to **Mid-East Career and Technology Centers, 22+ Adult High School Diploma Program.**

Name: _____ SSN# Last 4 digits only: _____

Street: _____ Telephone: () _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

High School Attended: _____

School Address: _____

City: _____ State: _____ High School Phone Number: _____

Name while attending high school (*first, middle, last*): _____

Approximate Date Withdrew: _____ Last Grade Completed: _____

Records Request:

_____ Cumulative Records (Grades/Attendance/Credits Earned)

_____ End of year testing results/waiver

_____ Special Education Services/ IEP

I hereby authorize the above named school to release the appropriate records to **Mid-East Career and Technology Centers, 22+ Adult High School Diploma Program.**

Student Signature

Date

Educational Institution: This student is enrolling at **Mid-East Career and Technology Centers, 22+ Adult High School Diploma Program** to complete graduation requirements. Please complete the information below and forward this form and the requested records to:

400 Richards Road, Zanesville, Ohio 43701 or FAX: 740-454-6721 or email to sdanley@mideastctc.org.

Institution: _____ School Address: _____

City: _____ State: _____ Zip Code: _____

Date Sent: _____ Signed: _____