



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 (*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, OH 43701 or Fax: 740-454-6721 or email to tstoolfire@mideastctc.org.

Institution: _____ School Address: _____
City: _____ State: _____ Zip Code: _____
Date Sent: _____ Signed: _____