

## 

## Transcript Request Form

Transcripts for ADULT Programs only. **HIGH SCHOOL Transcripts CANNOT be processed**. If you are in need of high school transcripts, you must contact the high school from which you graduated.

**Student and Program Information**

**Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Maiden:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**: \_\_\_\_\_\_\_\_\_

**Phone**: ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle program attended: Practical Nursing HVAC Nurse Aide Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_ End date** *(completion or withdrawal)****:* ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_**

**Did you graduate from the program you were enrolled in at Adult & Community Education? Yes / No**

**Recipient Information**

**We will send your transcript to each recipient listed below. Please provide legible and accurate contact information to avoid processing delays. There is a $5.00 processing fee for EACH RECIPIENT.**

**Please enclose your check or money order payable to Columbus City Schools.**

**Recipient #1 ($5.00)**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

**Recipient #2 ($5.00)**

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

To request your transcript, complete this form and return it with appropriate payment to:

**Adult and Community Education**

**Transcript Request, Customer Services**

**2323 Lexington Avenue**

**Columbus, OH 43211**

*I authorize Columbus City Schools, Department of Adult and Community Education   
to release my school transcripts to the persons/institutions named above.*

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Date Request Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed \_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_