



**EHOVE Adult Career Center  
Records Office  
316 West Mason Road  
Milan, OH 44846  
419-499-4663 Ext. 279  
Fax: 419-499-5391**

### **TRANSCRIPT REQUEST**

Current name of student: \_\_\_\_\_

Your name at time of attendance if different from above: \_\_\_\_\_

Program Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please send an official copy of transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please release transcript to self.

**I, the undersigned, consent to the release of my school transcript.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\$3.00 fee per transaction – check, cash, credit card*

**For office use only**

Acct. Clear

Fee Pd.

Date Mailed \_\_\_\_\_

Receipt # \_\_\_\_\_