



**EHOVE Adult Career Center  
Records Office  
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Milan, OH 44846  
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Fax: 419-499-5391  
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## **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 # \_\_\_\_\_