



**EHOVE Adult Career Center
Records Office
316 West Mason Road
Milan, OH 44846
Toll-Free: 1-866-256-9707
Ext. 279**

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 transcript – check, cash, money order only

For office use only

Acct. Clear

Fee Pd.

Date Mailed _____