



Request for Transcript

Requestors Name: _____
 First MI. Last Maiden

Social Security #: _____

Current Address: _____

Program/Class Requesting Transcript: _____

Year Complete/Graduated: _____

Please Send Copies of my Transcript to:

Name/School _____

Attn: (Person or Dept) _____

Address: _____

Enclosed is a check or money order for five dollars (\$5.00) payable to "Mid-East Adult Center for Education" to cover the cost of this request. Call (740) 455-3111 or 1-800-832-7545 if you have any questions.

I authorize the release of this information to the institute described above.

Signature

Date

Return this Request for Transcript form along with check or money order to:

Adult Center for Education
400 Richards Road
Zanesville, OH 43701