



Scioto County Career Technical Center  
Post-Secondary Education

**Official Transcript Request**

Date: \_\_\_\_\_

Number of transcripts requested: \_\_\_\_\_

To obtain a transcript please mail, fax or bring this form to:

Scioto County Career Technical Center Office of Transitions/Registrar 951 Vern Riffe Drive Lucasville, OH 45648 Fax: 740.259.8312	Transcript Fee: \$7.00 per transcript	Payment Options: Cash Check Money Order Credit Card
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**CONTACT INFORMATION: (Please Print)**

Program Attended: \_\_\_\_\_ Year Completed: \_\_\_\_\_  
(Approximate date)

Last 4 digits of SSN: \_\_\_\_\_ Maiden/Other Name(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**SEND TRANSCRIPT TO: (Please Print)**

Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby authorize the Scioto County Career Technical Center to forward my transcript(s) to the addressee on this form.

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Checklist

- Request form completed, signed and dated – including phone or cell number
- Transcript Fee included with request

**Office Use ONLY**

Account Balance \_\_\_\_\_

- All financial obligations to the SCCTC must be cleared before transcripts will be released.

**Official Signature:** \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_