



Four County Career Center
Adult Workforce Education
22-900 SR 34 Archbold, OH 43502
419-267-3331 EXT. 2703

Transcript Request Form

Today's Date: _____ Student's Phone # _____

Student's Current Name: _____

Other Last Names: _____

DOB: _____ Last 4 of SSN: _____

Course Taken: _____ Year Completed: _____

Reason for Transcript: _____

Please Check: Official Transcript: _____ Unofficial Transcript: _____

Please Check: Fax _____ Fax # _____

Email: _____ Email Address: _____

Mail: _____ Mailing Address: _____

Attention to: _____

Student's Signature

Date

Transcript requests will be completed in 7-14 business days.

FOR OFFICE USE ONLY
DATE SENT: _____ SENT BY: _____