

TRANSCRIPT REQUEST FORM



Alliance Career Centre
500 Glamorgan Street
Alliance, Ohio 44601
p. 330-829-2267 f. 330-821-3573

OFFICE USE ONLY
DATE RECEIVED:
DATE MAILED:

- This form is used for requesting unofficial and/or official transcripts.
- This form may be faxed or mailed to the Alliance Career Center.
- \$5 charge for each transcript. Make checks payable to the Alliance Career Center.

FIRST: _____ MI: _____ LAST: _____

Previous Name(s) if applicable: _____

SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DATES OF ATTENDANCE _____ PROGRAM: _____

Type of transcript requested: _____ Official _____ Unofficial

Processing: _____ Pick up _____ Mail to Address Below

_____ Record

PLEASE SIGN HERE: Your transcripts/records cannot be released/mailed without your signature.

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Alliance Career Center to release my academic transcript as indicated.

STUDENT'S SIGNATURE: _____ **DATE:** _____

Transcript to be sent to this address. You are responsible for the address. Allow 2 business days for processing. Payment must accompany request.

ATTENTION:

