



HIGH SCHOOL TRANSCRIPT REQUEST FORM

To the Student:

*Please complete and mail to your High School
(Make sure that you sign below.)*

Student Name (Print) _____

Social Security Number _____

High School Graduation Date ___/___/___

Start Date at Ohio Technical College ___/___/___

To The High School:

*I am scheduled to begin classes at Ohio Technical College. I must have a copy of my high school transcript on file before my start date. Please send an **official** transcript that shows my **final** grades and **graduation date**. Thank You.*

Student Signature _____

Date _____

*Mail Transcript to:
Ohio Technical College
1374 East 51st Street
Cleveland, OH 44103*