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

Revised 11/23/04