



2222 Marion-Mt. Gilead Rd.
Marion, OH 43302

Fax: 740-389-4683

**Please return a copy of
this form with your
transcript.**

TRANSCRIPT REQUEST

STUDENT INSTRUCTIONS:

- 1) Complete this form.
- 2) Take it or mail it to the **high school/college/university you are requesting** a transcript from. They will forward the transcript to Tri-Rivers Center for Adult Education.

Please check the program you are applying for: Practical Nursing LPN to RN Transition Program
 Patient Care Technician Pharmacy Technician Industrial Maintenance Professional Firefighter
 Fire Rescue 101 Basic EMT Paramedicine (ODPS Accreditation #329)

Name _____ Social Security # _____
 First Last Maiden

Are any of your educational or employment records in another name? If so, identify:

Address _____ City _____

State _____ Zip Code _____

Telephone (____) _____ E-mail _____

High School or College Attended _____

Address _____ City _____ State _____ Zip _____

Date graduated _____ Will graduate _____ Withdrew _____

I hereby authorize the above named school to release the appropriate records to:

**Tri-Rivers Center for Adult Education
2222 Marion-Mt. Gilead Road
Marion, OH 43302**

Student Signature

Date