



Mid-East CTC Adult Education
400 Richards Rd
Zanesville Oh 43701
Phone 740-455-3111 Fax 740-454-1368

Transcript Release Form

To request an official transcript you must complete the information below and mail along with your payment. Transcripts will be released upon receipt of payment and required authorization. All financial obligations to the school must be met in order for transcript requests to be honored. Please allow 24 hours for processing.

Name _____

Last Name at time of graduation _____

Address, City, State _____

Phone _____

SSN _____

Attended from _____ To _____

Program Attended _____

Number of transcripts requested _____

Mail to (if different from above address) _____

Signature _____

Date _____

Amount Due: _____ x \$10.00 per transcript

_____ Total Enclosed

Processed By _____ Date _____