KENT STATE UNIVERSITY Career & Community Studies 218 White Hall 150 Terrace Drive Kent, OH 44242 Email: <u>vhale@kent.edu</u> ◆ Phone: 330-672-0725

TRANSCRIPT REQUEST FORM

To the applicant:

Use this form to reques	st a copy of your h	high school transc	cripts be sent to the add	ress above.
To the registrar/counse	ling office:			
Name of High School:				
Street		City	State	Zip
Check one or both:				
Please send one (1)	copy of my high	school transcript	to the address above.	
Please send one (1)	copy of my trans	cript to me.		
Amount enclosed: \$(Please telephone your high school to determine transcrip fee prior to mailing this form).				
Student Name and Add	lress:			
Last		First		MI
Street	City		State	Zip
Social Security/Studen				1
Dates of Attendance:		thro	ough	
Signature			Date	
Signature			Date	