

**Wayne County Schools Career Center  
Adult & Community Education**

518 West Prospect St.  
Smithville OH 44677  
330-669-7070  
FAX: 330-669-7071

**TRANSCRIPT RELEASE**

*(Please Print)*

**Date of Request** \_\_\_\_\_ **Graduation Year** \_\_\_\_\_

**Name of Graduate** *(at time of graduation)* \_\_\_\_\_

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

<b>TRANSCRIPT TO BE SENT TO:</b>
<b>Facility Name:</b> _____
<b>Contact Person/Office:</b> _____
<b>Address:</b> _____
<b>City:</b> _____ <b>ST:</b> _____ <b>ZIP:</b> _____

Your name *(please print)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*(Request cannot be honored unless form is signed.)*

**Please include a \$3.00 fee for each transcript requested. Checks payable to WCSCC.**

**Office Use Only**

Date Paid: _____	Amount: \$ _____	Cash/Ck #: _____	Receipt #: _____
AE Initials: _____	Date Transcript Sent: _____	AA Initials: _____	