

**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** _____ **Day/Eve** _____

Name of Graduate *(at time of graduation)* _____

Social Security # Last 4 Digits Only _____

TRANSCRIPT TO BE

SENT TO: Facility Name: _____

Contact Person/Office: _____

Address and/or email: _____

City: _____ **ST:** _____ **ZIP:** _____

Your name *(please print):* _____

Address: _____

City: _____ **ST:** _____ **ZIP:** _____

Telephone: (_____) _____ - _____

SIGNATURE _____

(Request cannot be honored unless form is signed.)

Please include a \$5.00 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: _____	