



TRANSCRIPT REQUEST FORM

CENTRAL OHIO TECHNICAL COLLEGE
1179 UNIVERSITY DRIVE
NEWARK, OHIO 43055-1767
PHONE: (740) 366-9208 FAX: (740) 364-9508

Instructions:

1. Request form must bear student's legal signature.
2. There is NO CHARGE unless on demand. There is a \$15 fee for on demand transcripts.
3. Transcripts are issued within seven working days except during peak periods.

Name : _____
Last First Middle Initial

Date of Birth: _____ SSN: _____

Former Name: _____
(if applicable)

Current Address: _____

Home Telephone: _____ Work Telephone: _____

Last Quarter of enrollment: _____ Tech Prep Program? _____ Yes _____ No

Year Graduated from COTC: _____

Number of copies requested: _____ Hold for grade change: _____

Do not send until _____ quarter grades are posted.

Address to mail transcripts: (Must provide complete and correct address).

OR I would like to pick up my transcript on: _____

_____ I would like an on demand transcript – Please provide receipt from Fees & Deposits

Student's Signature

Date

# Transcript Issued _____	Date: _____
Issued by _____	\$ _____ Demand Fee Rec'd
Check for Holds _____	Major _____
Grad on _____	Last Qtr Attended _____
Grad Address Upd _____	
	Rev 1/06