



# Adult & Community Education Columbus City Schools

## TRANSCRIPT REQUEST FORM

To request your transcript, complete this form and return it to:

Adult & Community Education  
Attn: Linda Spears  
2323 Lexington Avenue  
Columbus, OH 43211

### Student & Program Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Program Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Did you graduate? Y / N

### Recipient Information

We will send your transcript directly to each recipient listed below. Please provide legible and accurate contact information to avoid processing delays. There is a \$5.00 processing fee for EACH RECIPIENT. Please enclose your check or money order made payable to Columbus City Schools.

#### **Recipient #1 (\$5.00)**

Institution: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Recipient #2 (\$5.00)**

Institution: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Recipient #3 (\$5.00)**

Institution: \_\_\_\_\_ Contact: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Staff: \_\_\_\_\_