



TRANSCRIPT REQUEST

Student Name: _____ Date: _____

Birth Date: _____ Phone: _____

Program: _____

Date Entered: _____

Date Withdrawn: _____

Date Completed: _____

Records requested: _____ Transcript _____ Certificate

Send Official Transcript to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of Student

Date

All Financial obligations to Auburn Career Center must be reconciled prior to the release of an academic transcript.

The Auburn Vocational School District affirms that no person shall, on the basis of sex, race, color, religion, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activities conducted under its auspices. This shall extend to employees therein and to admission thereto. Inquiries concerning the application of this policy may be referred to the superintendent or by calling Auburn Career Center at 440-357-7542.

8140 Auburn Road * Concord Twp. OH 44077 * 440.357.7542 * 440.358.8012 (Fax)