Ashland Community & Technical College

REQUEST FOR ACADEMIC TRANSCRIPT
COLLEGE ATTENDED ____ACC ____ATC ____ACTC
____Ashland State Vocational School

Transcript requests are processed on a first-come, first-serve basis according to the date received. Normal processing time is 3 – 5 business days. TRANSCRIPT FEES are $5.00 per copy and NON-REFUNDABLE. Services Are Withheld For Any Student Who Owes The College Money Or Property.

STUDENT'S INFORMATION *PLEASE PRINT CLEARLY*

NAME _____ _____
Last First MI Student ID or Social Security (REQUIRED)

BIRTH DATE _____ Other name(s) on records (i.e. Maiden) _____

Are you currently enrolled @ ACTC: Yes ____ No____ Last Date of Attendance: Year _____ Term _____

STUDENT'S CURRENT ADDRESS: STUDENT'S PHONE:

Street _____ _____

City/State/Zip _____

MAIL this form to: Office of Admissions, 1400 College Dr., Ashland, KY 41101. You may also **FAX** this form to 606-326-2192 with Credit Card Info.

Credit Card #: _____

3-Digit Verification Code (on back of card): _____

Exp. Date: _____ Card Type: _____

PARTIAL TRANSCRIPTS are not issued. Transcripts show all work completed at this institution.

TRANSCRIPTS FROM HIGH SCHOOL OR OTHER COLLEGES cannot be duplicated! You must contact them directly for transcripts.

TRANSCRIPT REQUEST INFORMATION *PLEASE PRINT CLEARLY*

Note: STUDENT IS RESPONSIBLE FOR THE CORRECT ADDRESS. If transcript is to be sent to more than one address, please use additional forms. EVERY ATTEMPT IS MADE TO PROPERLY MAIL REQUESTS, BUT ACTC CAN ASSUME NO RESPONSIBILITY FOR FINAL DELIVERY.

____ **MAIL** _____ copies of transcript to:

Name_____

Attn_____

Street_____

City/State/Zip _____

____ **FAX** transcript to: _____

FAXED transcripts are $10.00 and do not have a school seal. These are considered unofficial.

____ **PICK UP** transcript. **TRANSCRIPTS given to student in ANY FORM are "ISSUED TO STUDENT". Some institutions will not accept this.**

Total number of copies requested: _____

Special Instructions:
____ A. Hold for current semester grades. **Please allow 2 weeks for end of term processing.**
____ B. Hold for degree statement. **Please allow 3 weeks for end of term processing.**
____ C. Other. Please specify._____

IN ACCORDANCE WITH FEDERAL LAW AND KRS 164.283 records cannot be released without the written consent of the student.

I authorize the release of my academic record (transcript) to the organization or party listed on this request.

Signature _____ **Date** _____

Transcripts are released only by a request signed by the student.