

# Transcript Request Form



**ZANE  
STATE  
COLLEGE**

Registrar's Office  
1555 Newark Road  
Zanesville, Ohio 43701  
(740) 588-1221 Fax: (740) 454-0035

**Instructions:** Please complete a separate form for each "send to" request. Your transcript(s) will not be released if you have a financial obligation to Zane State College.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name Last Registered Under: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program(s) of Enrollment:  Undergraduate  Post-Secondary

Currently Enrolled?  Yes  No

Dates of Attendance: \_\_\_\_\_

Number of Transcripts Requested: \_\_\_\_\_ at \$5 each \_\_\_\_\_ (This fee must be paid before a transcript is processed.)

Credit Card #: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Reason for Transcript Request:  Transferring to another institution  Entering the military  
 Need for potential employment  Other \_\_\_\_\_

Signature: \_\_\_\_\_

**Instructions:** Please tell us how to process your transcript by checking as many boxes as appropriate. Transcripts will be processed within 5 business days of receipt of request.

- Send to my mailing address on file.
- Hold transcript for pick-up, I understand that I must present a photo ID to receive the transcript.
- Release transcript to \_\_\_\_\_  
I understand that he/she must present photo ID to receive transcript.
- Fax transcript to the individual and number shown below. **All faxed transcripts are unofficial.**
- Mail transcript to the address shown below:
  - As soon as possible.
  - After the grade submission deadline for the current quarter has passed.

Send Transcript To: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For Office Use Only</b>
Date prepared: _____
Prepared by: _____
Date mailed/faxed: _____