



OHIO HI-POINT CAREER CENTER
ADULT AND CONTINUING EDUCATION
TRANSCRIPT RELEASE FORM

I, _____
Student Name Phone Number

Current Address City/State/Zip

Name while in school Social Security #

hereby authorize you to submit a copy of my records to:

Name of Organization

Street Address

City/State/Zip

I entered the _____ program on _____.
Name of Program Quarter / Date

I graduated / will graduate / withdrew (circle one) on _____.

Please return this form to:
Lisa McCullough, Records
Ohio Hi-Point Career Center
2280 State Route 540
Bellefontaine OH 43311

Signature

Print Name

Date