



REQUEST FOR TRANSCRIPT

Please complete this release form and turn it in to your High School or College.

They will fax or mail a copy of your transcript to us. Please be sure to sign the bottom of this form.

☐ **GED CERTIFICATE** ☐ **HIGH SCHOOL** ☐ **COLLEGE**

In compliance with the Family Education Rights and Privacy Act of 1974, I hereby request and authorize that a copy of my High School Transcript, GED Certificate, or College Credits be sent to:

Mail to: **Admissions Office**
Kent State Trumbull
4314 Mahoning Ave., NW
Warren, OH 44483

E-mail to: tbettike@kent.edu

Cadet Information

Last Name First Name Middle Name Cell or Home Phone #
Home Address City State Zip
Date of birth Last 4 SSN XXX-XX-

HIGH SCHOOL INFORMATION

Your legal name while in attendance Year Graduated:
High School Name
Address City State Zip

COLLEGE INFORMATION

Your legal name while in attendance Year Graduated
College Name
Address City State Zip

GED INFORMATION

Your legal name while in attendance Year Graduated
School Name
Address City State Zip

Applicant's Signature X _____

Date _____