



ADULT EDUCATION – OHIO TECHNICAL CENTERS REQUEST FOR STUDENT TRANSCRIPT

6300 Technology Lane
Medina, OH 44256
www.mcjvs.edu

Phone: 330-725-8461
Fax: 330-725-3842
adulthoodeducation@mcjvs.edu

All requests for student transcript reports must be submitted in writing. Use a separate form for each different mailing address. Please allow 2 business days for your transcript to be processed. All information below needs to be correctly completed to ensure processing.

Student Name _____

Maiden Name (if different from above) _____

Current Address _____

City, State, Zip Code _____ Phone # _____

Course of Study _____ Year attended _____

Select One: Full-Time _____ Part-Time _____

If this request pertains to a part-time/evening course, did you attend:

_____ Fall _____ Winter _____ Spring _____ Summer
(Sept-Dec) (Jan-Mar) (Apr-Jun) (Jul-Aug)

Please indicate how you would like your transcript. _____ Mail transcript
_____ Pick up - allow 2 business days

Mail transcript to:

I hereby authorize Medina County Career Center to release my academic transcript. Photo ID is required for pick up. ***All financial obligations to Medina County Career Center must be met before any records or transcripts will be released.***

Student Signature _____ Date _____

Office Staff Signature: _____ Date _____