

# Transcript Request Form



**ZANE  
STATE  
COLLEGE**

Registrar's Office  
1555 Newark Road  
Zanesville, OH 43701  
(740) 588-1273 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: \_\_\_\_\_

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**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 semester has passed

☐ After graduation

Send Transcript to:

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

## For Office Use Only

Prepared by: \_\_\_\_\_

Date mailed/faxed: \_\_\_\_\_