



Central Ohio Technical College

Gateway Student Records

1179 University Drive, Newark, OH 43055

Phone: (740) 364-9594 ■ Fax: (740) 366-9160 ■ cotcrecords@cotc.edu

TRANSCRIPT REQUEST FORM

Instructions to Students

1. Request form **MUST** bear student's legal signature.
2. There is **NO CHARGE** unless on demand. There is a \$15 fee for **ON DEMAND** transcripts.
3. Transcripts are issued within **seven working days** except during peak periods.

Name	<input type="text"/>	Student ID	<input type="text"/>
	Last First Middle Initial		
Former Name (if applicable)	<input type="text"/>	Date of Birth	<input type="text"/>
Current Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone	<input type="text"/>	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Alternate Phone <input type="text"/>
		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Are you currently enrolled?	<input type="radio"/> Yes <input type="radio"/> No	Tech Prep Program	<input type="radio"/> Yes <input type="radio"/> No
Do not send until (specify semester) grades are posted for	<input type="text"/>	Number of Copies Requested	<input type="text"/>
Please send to:	<input type="text"/>		
	<input type="text"/>		

OR

- I would like to pick up my transcript (All transcripts picked up by requestor will be stamped "Issued to Student")
- I would like an on demand transcript (Please provide receipt from Fees and Deposits)

Student Signature Date

Office use only Processed by: _____ Processed Date: _____

Revised