



# Hamrick School

1156 Medina Road - Medina, OH 44256  
In Ohio: 1-800-362-0098 - Outside Ohio: 1-330-239-2229

## OFFICIAL TRANSCRIPT REQUEST FORM

No transcript will be provided to individuals with outstanding obligations to the School.

Transcript requests may take up to three weeks to fulfill.

Date of Request: \_\_\_\_\_

Name (While Attending Hamrick School): \_\_\_\_\_

Dates of Attendance: Start: \_\_\_\_\_ Graduation: \_\_\_\_\_

Program (Circle One):      Truck Driving      Massage Therapy

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Current): \_\_\_\_\_  
\_\_\_\_\_

Current Phone: \_\_\_\_\_

Current E-Mail \_\_\_\_\_

Current Employer: \_\_\_\_\_

Official Transcripts will be processed for a fee of \$5.00 per transcript payable by cash or money order only. **NO PERSONAL CHECKS WILL BE ACCEPTED IN PAYMENT OF TRANSCRIPT FEES.**

**SEND TRANSCRIPT TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM REQUESTING that Hamrick School provide an Official Transcript to the individual or entity named above and I grant Hamrick School permission to do so.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature