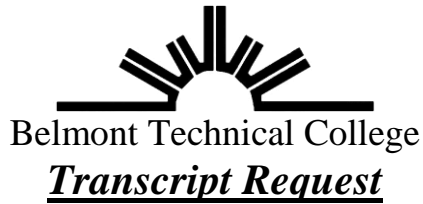


120 Fox-Shannon Place
St. Clairsville, Ohio 43950



(740) 695-9500
FAX (740) 699-3049

Please print clearly:

Name of Student: _____

Name Attended BTC Under (if different than above): _____

Address: _____

ID#/Social Security #: _____ Phone #: _____

I hereby authorize Belmont Technical College to release a copy of my transcript to:

PROVIDE COMPLETE ADDRESS TO INCLUDE SPECIFIC PERSON OR OFFICE

Check one: Official Copy Student Copy

Signature: _____ Date: _____

Comments: _____

*Note: Original signature required. Form may be mailed or faxed to Belmont Technical College. Forms sent via e-mail can not be accepted. **To process a transcript request it must be accompanied by a valid photo ID.***

For Office Use:

Date Processed: _____ Initials: _____

Comments: _____

