

The University of Northwestern Ohio
REQUEST FOR ACADEMIC TRANSCRIPT

Please fill in form COMPLETELY. Date _____

ATTENTION: STUDENT RECORDS DEPARTMENT

I hereby give permission to release information from the file of:

FIRST NAME:	MIDDLE:	LAST:	MAIDEN:
SOCIAL SECURITY NUMBER:	BIRTHDATE:	CLASS OF:	

NAME OF HIGH SCHOOL:	NAME OF CAREER CENTER:	
ADDRESS:		
CITY:	STATE:	ZIP CODE:

(Signature of: _____ Student _____ Parent _____ Guardian)

(Student's Address)

City

State

Zip Code

Please send ____ transcripts to:

The University of Northwestern Ohio
ATTENTION: REGISTRAR
1441 NORTH CABLE ROAD
LIMA OH 45805

PLEASE ATTACH
THIS FORM
WITH TRANSCRIPT.

UNIVERSITY OF
NORTHWESTERN
OHIO

OFFICE USE ONLY

Student #: _____ Starting Date: _____ HS #: _____