



Carver Career and Technical Education Center

4799 Midland Drive, Charleston, West Virginia 25306
Phone: 304-348-1965 Fax: 304-348-1938
carvercareercenter.edu

Request for Adult Student Transcript

PRINT LEGIBLY IN INK

STUDENT INFORMATION

Your Name _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____ Date of Birth: _____

Day Phone: _____ Evening Phone: _____

Your E-Mail Address: _____

Today's Date: _____ Currently Enrolled? YES / NO If no, date last attended _____

Program Name: _____ Instructor's Name: _____

Enter the name and address of the agency/organization where the transcript should be sent. Transcripts given to the student are marked "Issued to Student."

Organization: _____ Attention: _____

Street: _____ City _____ State _____ Zip _____

Signature of Requester: _____ Date: _____

This request will be denied if:

- 1.) the student owes the school money or property
- 2.) if the transcript form is not completed
- 3.) if payment is not attached (for each transcript)

Attach a money order for \$5.00 made payable to Carver Career Center.

Mail request to Carver Career Center, 4799 Midland Drive, Charleston, WV 25306.

Except in unusual circumstances, the school will mail the transcript within five working days of receipt of this request.
(No checks)

OFFICE USE ONLY

Date Request Received _____ Date Transcript Mailed _____

Staff Signature: _____ Date: _____

_____ Carver Copy

_____ Transmittal Copy

_____ Student Copy