



8001 Katherine Blvd
Brecksville OH 44141
Phone: (440) 838-1999
Fax (440) 838-0960
Contact: Sharita Allen
Campus Registrar
Email: sallen@stautzenberger.com

First name: _____ Lastname: _____

SSN#: _____ Graduated (Y/N) Year: _____

I, _____, give authorization for Stautzenberger College
(Please print your name here)

to forward a copy of my official transcripts to:

Please check all that apply:

_____ Ohio Veterinary Medical Licensing Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108

_____ Other: Please provide name and address

Prior to any transcript being released, all outstanding school balances need to be paid in full. I understand that there is a **\$5.00 fee** that needs to be paid prior to any transcripts being mailed out. Transcripts to the Ohio Medical Licensing Board will be mailed only after the student has completed all graduation requirements.

Signature

Date

Credit Card: (please circle): **MC** **VISA**
Card No.: _____ Expiration Date: _____ 3-digit code: _____

Office Use Only:

Paid: _____
Cash Check Credit Card

\$5.00 fee is to be paid too **Connie Gardner (440) 838-1999 ext. 523.**
Email: csgardner@stautzenberger.com