



TRANSCRIPT RELEASE

Name: _____

SS#: _____ Date of Birth: _____

Please list any other names used while attending Stautzenberger : _____

PLEASE MAIL TRANSCRIPT(S) TO: (Complete ONE FORM per recipient)

School /Organization: _____ Dept: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Number of Transcripts to be sent to the above: _____

Payment must accompany all requests to the following address:

Stautzenberger College, Registrar's Office,
1796 Indian Wood Circle, Maumee, OH 43537

Your current street address: _____

City: _____ State: _____ Zip: _____

Daytime phone number: (____) _____
(Area Code) + Number

Dates of attendance: _____ TO: _____ Grad Date: _____
Quarter/Year Quarter/Year Month/Year

Location of school where you attended: _____

PLEASE NOTE
IF YOU ATTENDED THE FINDLAY CAMPUS, CONTACT BROWN MACKIE COLLEGE
419-423-2211.

PLEASE CHECK THE APPROPRIATE BOX(S)

- \$5.00 for an official copy of transcript to be sent **AS IS** to the school/organization listed above
- \$5.00 for an unofficial copy of my transcript to be sent to me.
- \$7.00 for an official copy of my transcript to be sent to the school/organization listed above & an unofficial copy sent to me.
- Please hold until current final quarter grades are posted.**

Signature _____

Date _____

An official copy will only be sent to an employer or other school.