

Request for Transcript from a Previous College or University



OWENS
COMMUNITY COLLEGE

Please complete and submit this form to your previous college or university to request that an official copy of your transcript be sent to:

Owens Community College
Records Office
P.O. Box 10,000
Toledo, OH 43699-1947
(567) 661-2387

Note to student: Please be sure to include your maiden name and married name, if applicable. Please note that a fee may be required when requesting your transcript from your prior college/university.

Note to college/university: In order to complete a student's file, Owens Community College Records Office must have a copy of previous college transcript(s).

Name _____
Last First M.I. Maiden

Address _____
Street City State Zip Code

Social Security Number _____ Phone Number _____

Birthdate _____ Dates of Attendance _____

Signature _____ Date _____

Request for High School Transcript



OWENS
COMMUNITY COLLEGE

Please complete and submit this form to your high school to request that an official copy of your transcript be sent to:

Owens Community College
Records Office
P.O. Box 10,000
Toledo, OH 43699-1947
(567) 661-2387

Note to student: Please be sure to include your maiden and married name, if applicable. Please note that a fee may be required when requesting a transcript from your high school.

Note to high school: In order to complete a student's file, Owens Community College Records Office must have a copy of the student's final high school transcript. **Please include graduation date, final grade point average and class rank. TRANSCRIPT MUST BE IN A SEALED HIGH SCHOOL ENVELOPE.**

Name _____
Last First M.I. Maiden

Address _____
Street City State Zip Code

Social Security Number _____ Birthdate _____

High School _____ ACT Score _____ SAT Scores _____

Date of Graduation _____

Signature _____ Date _____