



REQUEST FOR TRANSCRIPT

Please complete this release form and turn it into your High School or College. They will fax or mail a copy of your transcript to us. Please be sure to sign the bottom of this form.

HIGH SCHOOL _____ **COLLEGE** _____ **GED CERTIFICATE** _____

In compliance with the Family Education Rights and Privacy Act of 1974, I hereby request and authorize that a copy of my High School Transcript, GED Certificate, or College Credits be sent to:

Police Academy (Ravenna)
Maplewood Career Center
7075 State Route 88
Ravenna, OH 44266
Fax: 330.296.5680
Phone: 330.296.2892

HIGH SCHOOL INFORMATION:

Name while in attendance: _____

Year graduated: _____ If non-graduate, last year attended: _____

Birthdate: _____ Social Security Number: _____

High School attended: _____

High School address: _____

COLLEGE INFORMATION:

Name while in attendance: _____

Year graduated: _____ If non-graduate, last year attended: _____

Birthdate: _____ Social Security Number: _____

High School attended: _____

High School address: _____

GED INFORMATION:

Name while in attendance: _____

Year graduated: _____ If non-graduate, last year attended: _____

Birthdate: _____ Social Security Number: _____

High School attended: _____

High School address: _____

Applicants Signature

Date