



COLLEGE FOR TECHNICAL EDUCATION

Transcript Request

1. Print transcript request form and complete. Transcripts will not be processed if form is incomplete. There is no charge.

- a. Mail to College for Technical Education, 1165 Centre Parkway, Suite 120, Lexington, KY 40517, Attn: Registrar (or)
- b. Email to lwells@cte.edu (or)
- c. Fax to: 859-971-6915 Attn: Registrar

- 2. Transcripts require a minimum of 24 hour turnaround time. Transcripts prior to 2013 may be archived and need additional processing time.
- 3. Official transcripts may not be released if a balance is owed to the college.

Student Name: _____

Date of Request: _____

Name while attending school if applicable: _____

Address: _____

Phone Number: _____

Transcript request: Official Unofficial

Program: _____

Date of Birth: _____

Calendar Year attended: _____

Social Security # (last 4 digits): _____

Please mail my transcript to: (provide name of company/school and address) otherwise it will be mailed to above address:

*Transcripts will only be mailed to street addresses provided on this form or picked up in office by owner with picture ID. Transcripts will not be emailed or faxed

Release Signature:

Your signature authorizes **release** of your transcript to you unless otherwise notated above.

Student Signature/Date: _____

***Cannot be electronic signature

Receipt Signature:

I acknowledge the **receipt** of the above mentioned record.

 Student signature

 Date

***Cannot be electronic signature

OFFICE USE ONLY

Received:	ID Check:	Staff Witness:	F/A:	Mailed:
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