

RALPH R WILLIS CAREER AND TECHNICAL CENTER

PO Box 1747, Logan WV 25601

Phone (304) 752-4687 Fax (304) 752-2943

TRANSCRIPT RELEASE FORM

Graduate / Alumni Information:

Name while attending Ralph R Willis Career and Technical Center.

First Middle Last Maiden

Social Security # WVEIS # Date of Birth

Current Mailing Address Street Apt# City State Zip

Current Phone # Current Cell Phone # E-mail Address

Program Attended/ Completed

Date of Attendance: From _____ to _____
Month Year Month Year

I graduated: Month _____ Year _____ or I dropped out of school in the year of _____.

**SUBMIT THIS FORM AND A COPY OF DRIVERS LICENSE ALONG WITH \$5.00 Cash or Money Order
PROCESSING FEE (No checks accepted).**

**TO: *Ralph R. Willis Career and Technical Center*
Attention: Records
PO Box 1747
*Logan, WV 25601***

Signature

Date

By signing above I hereby authorize Ralph R. Willis Career & Technical Center to release an official transcript of my educational records while in attendance at the facility to the following address:

Transcript Released to:

Organization/Institution/ or Person

Attention (Department or Person)

Mailing Address Street Room

City State Zip

Do not write below this

Date Received

Processing Fee Enclosed

Date Processed

Person Completing Request