



VENANGO TECHNOLOGY CENTER

1 Vo-Tech Dr., Oil City PA 16301

Phone (814) 677-3097 Fax (814) 676-0075

Transcript Request Form

To be completed by the individual whose records are being requested:

Mr./Mrs/ Ms. _____
Last First Middle Initial Maiden/Former Name

* _____
Current Address City State Zip Code

_____ E-Mail Address Daytime/Cell Phone Number Date of Birth

Name of VTC Program attended: _____
Please identify or describe the records sought: _____

Each paper transcript will be placed in a signed/sealed envelope. The record will be rendered "unofficial" if opened by someone other than the intended recipient.

I will pick up my transcript from VTC, 1 Vo-Tech Drive, Oil City, PA 16301. A photo ID is required to pick up transcripts. If someone else other than the requester will be picking up your transcripts, please provide that individual's complete name: _____

Please mail/fax/e-mail transcript to: me at the address noted at the top for the form*
 the following individual/institution/office

_____ If mailing, address:

If faxing, fax number: _____

If emailing, email address of recipient:

X _____ (Required) _____
Current/former student's signature Date

For VTC Staff Use Only

Date of Receipt: _____

5 Day Response Date: _____

Initial: _____