



**Transcript Request Form**

**Instructions:**

1. Request form **MUST** have student's legal signature
2. Use **separate request form** for each transcript sent to a **different address**.
  - Transcripts will be issued 5 business days after a request is received.
  - Final grades and degrees for graduating students are available on transcripts thirty days after the quarter ends.
  - Final grades for non-graduating students are available thirty days after the quarter ends.
3. There is no charge for a transcript. **Transcripts are withheld if all obligations to Athena Career Academy, financial or otherwise, are not fulfilled. If your student record has a "HOLD", your request will not be processed.**
4. Mail or bring in your requests in person to:  
Athena Career Academy

5203 Airport Highway  
Toledo, OH 43615

Fax to: 419-932-6911  
Attn: David Spencer

Email to: [dspencer@athenacareers.edu](mailto:dspencer@athenacareers.edu)

Director, Data Analytics

**STUDENT INFORMATION:**

(Geographical information provided on this form will be used to update your student record.)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I. Maiden/Other Name

Your Current Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mobile Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mail Unofficial Transcript to student at above address: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

Official transcripts can only be sent to an institution. Number of Copies Requested: \_\_\_\_\_

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address City State Zip

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: ID Checked _____	Date/Received _____	Date Mailed _____	Checked for Balance _____
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