



# Carver Career and Technical Education Center

4799 Midland Drive, Charleston, West Virginia 25306  
Phone: 304-348-1965 Fax: 304-348-1938  
carvercareercenter.edu

## Request for Adult CTE Student Transcript

PRINT LEGIBLY IN INK – ALL BLANKS MUST BE COMPLETED

### STUDENT INFORMATION

Your Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Name you went by while attending Carver \_\_\_\_\_  
(Last) (First) (Nickname)

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Your current E-Mail Address \_\_\_\_\_

Today's Date \_\_\_\_\_ Currently Enrolled? YES / NO If no, years attended \_\_\_\_\_

**Program Name** \_\_\_\_\_

Enter the name and address of the agency/organization and person where the transcript should be sent.

Organization: \_\_\_\_\_ Attention: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

#### **This request will be denied if:**

- 1.) the student owes the school money or property
- 2.) if the transcript form is not fully completed
- 3.) if payment is not attached (for each transcript)

Attach a money order for \$10.00 made payable to Carver Career Center. **(No cash, checks, or credit/debit cards)**

Mail this request with payment to: Carver Career Center, 4799 Midland Drive, Charleston, WV 25306.  
Except in unusual circumstances, the school will mail the transcript within five working days of receipt of this request.

### OFFICE USE ONLY

Date Request Received \_\_\_\_\_ Date Transcript Mailed \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Carver Copy \_\_\_\_\_ Transmittal Copy \_\_\_\_\_ Student Copy