

OFFICIAL TRANSCRIPT REQUEST

Please forward one (1) official copy of my transcript to:

OFFICE OF ADMISSIONS
ELIZABETHTOWN COMMUNITY & TECHNICAL COLLEGE
600 COLLEGE STREET ROAD
ELIZABETHTOWN KY 42701

Student Name: _____

Maiden or previous name(s): _____

Social Security Number: _____ - _____ - _____

Date first attended: _____ Date last attended: _____

Enclosed \$ _____ for cost of transcript

Signature of Student

Date

Street Address

City

State

Zip