



**Adult Education  
Student Transcript Request Form**

***(Please complete all information and fax to: 440-891-7642, mail to address below or email to [pfriend@polaris.edu](mailto:pfriend@polaris.edu))***

Date of Request \_\_\_\_\_ Program Year \_\_\_\_\_

Name of Graduate (at time of completion) \_\_\_\_\_

Program Attended \_\_\_\_\_

**TRANSCRIPT TO BE SENT TO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**SIGNATURE** (required to process request) \_\_\_\_\_

Your name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

*Transcript requests are processed free of charge. Transcripts requests can take up to 2 weeks to process.*

**7285 Old Oak Boulevard – Middleburg Heights, OH 44130-3375 – 440.891.7600 – [www.polaris.edu](http://www.polaris.edu)**