



Academy of Careers and Technology

390 Stanaford Road · Beckley WV 25801 · 304-256-4615

Request for Transcript

Individuals who attended the Academy of Careers and Technology from 1997 to present must submit a request in writing to obtain a copy of their certificate and/or transcript from ACT. The processing fee is **\$8.00** per transcript requested. Transcripts and certificates were not kept for all classes; your copy is for that purpose. All verifications are performed by written request from the student and payment of the Certificate/Transcript Processing fee. Your original signature must be included. All other requests will not be processed. Please allow 10 business days for processing. Questions? Call 304-256-4615.

STUDENT INFORMATION: Required to identify your record. PLEASE PRINT CLEARLY.

Name (Last, First, Middle) _____ Date of Birth _____

Previous/MaidenName _____

Current Mailing Address _____

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Month/Year of Program Completion _____ Program _____

RECIPIENT 1 If picking up or mailing or e-mailing to self, write "SELF" below.	Complete the following column to send to additional addresses RECIPIENT 2
E-Mail Address of Recipient – Print e-mail address and first and last name of recipient and/or receiving school name and department Mailing Address - Print name and address of the recipient. Fax Number _____ <small>Only needed if you are requesting a faxed copy.</small>	E-Mail Address of Recipient – Print e-mail address and first and last name of recipient and/or receiving school name and department Mailing Address - Print name and address of the recipient. Fax Number _____ <small>Only needed if you are requesting a faxed copy.</small>
2. Quantity _____	2. Quantity _____
3. Choose Delivery Method <input type="checkbox"/> Email <input type="checkbox"/> Standard USPS Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Fax	3. Choose Delivery Method <input type="checkbox"/> Email <input type="checkbox"/> Standard USPS Mail <input type="checkbox"/> Pick Up <input type="checkbox"/> Fax
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TOTAL DUE FOR ORDER _____

STUDENT SIGNATURE (REQUIRED): _____ **Date:** _____

OFFICE USE ONLY	EMAILED	CONFIRMATION # _____	COULD NOT PROCESS (INITIAL) _____	DATE CONTACTED _____
	PICK-UP	TRACKING # _____	BAD CC # _____	NO SIGNATURE
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	MAILED	PAYMENT TYPE: CHECK # _____ CASH	OTHER _____	NO PAYMENT