

Ralph R. Willis Career & Technical Center Transcript Request Form

Dear Student / Alumni:

Please fill in the information below and submit this complete form (along with a copy of a valid State issued ID or Driver's License & a \$5.00 processing fee for each transcript copy requested) to:

RRWCTC – Attn: Records
PO Box 1747
Logan, WV 25601

(Please call 304.752.4687 with any questions)

Name while attending RRWCTC:

_____ Last _____ First _____ MI _____ Maiden _____

_____ SS# (optional) _____ WVEIS# _____ Date of Birth (Mo,Day,Yr)

_____ Current Mailing Address (PO Box or St/Apt#) _____ City _____ State _____ Zip _____

_____ Program Attended/Completed _____ Date of Attendance (From) _____ (To) Date of Completion or Drop _____

_____ Daytime Phone Number _____ Cell Number _____

_____ Email Address _____
(So we may contact you if any questions arise about your request or additional information is needed)

_____ Signature _____ Date Signed: _____

By signing above I hereby authorize Ralph R. Willis Career & Technical Center to release an official transcript of my educational records while in attendance at the facility to the following address and/or persons:

Please print the name, title and complete address of the person or institution that is to receive the transcript below or indicate if you will be picking up your records.
