



CLINTON TECHNICAL SCHOOL  
602 S. 5<sup>TH</sup> STREET \* CLINTON, MO 64735 \*  
TELEPHONE (660) 885-6101 \* FAX (660) 885-6789

## Transcript Request Form

Transcripts are \$4.00 each and can be mailed, faxed, or emailed. Faxed transcripts may not be considered official by the receiving institution. Please check with the transcript recipient before making your request for a faxed transcript. Transcript fees are non-refundable.

**Transcripts are not provided if you have a financial balance at CTS.**

Print Your Name \_\_\_\_\_ Grad Year \_\_\_\_\_

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

Your Address \_\_\_\_\_  
Street City State Zip

Check one:  Mail  Fax  E-Mail No. of Copies \_\_\_\_\_

Name of Institution \_\_\_\_\_

Attention \_\_\_\_\_

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

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I authorize the release of my transcripts to the address listed above. *Signature required.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Mail this form with payment to:*

**Clinton Technical School  
602 South Fifth Street  
Clinton MO 64735**