



Butler Technology and Career Development Schools  
**Adult Workforce Education**

# Request for Transcript

*Transcripts are not available for every class*

**Program Attended:** \_\_\_\_\_ **Month/Year of Graduation:** \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle*

Name while in school: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State/Zip*

Daytime Phone: \_\_\_\_\_

Graduate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*Transcript is OFFICIAL only when sent directly to an institution or school requesting transcript.**

**Please send a copy of transcript to the following** (if copy is requested for self enter that info):

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State/Zip*

School Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State/Zip*

**Transcripts are \$5.00 each**

*Transcripts should go out in the mail in 5-10 business days*