



**EDUCATION
AND TRAINING
CONNECTION**

884 E. Isabella Rd.
Midland, MI 48640
PH: 989-631-5202
Fax: 989-631-4541

TRANSCRIPT REQUEST FORM

Adult Participants

To Whom It May Concern:

The following individual has enrolled in the Adult Education Program at Education and Training Connection

Please send the following:

- Transcripts GED Records (2014 Series)

Name: _____
(Last) (First) (Middle)

Maiden Name: _____

Birthdate: ____/____/____

Last Year Attended: _____ Last Grade Completed: _____

Name of School: _____

School address: _____

(City) (State) (Zip)

In compliance with the "Family Education Rights and Privacy Act of 1974", I hereby grant permission for a copy of my school transcripts to be sent to:

Education and Training Connection
Attn: Sarah Klemish
884 E. Isabella Rd.
Midland, MI 48640
Fax :989-631-4541

Date: _____

Student Signature: _____

Authorized Signature: _____

****School Official – Please complete****

Note: Has this student been expelled pursuant to Section 1311 of the Revised School Code of Michigan?* **Yes** _____ **No** _____

*Please return this form with transcript and any correspondence.

Note: The Michigan Attorney General ruled on April 23, 1982, that a school district may not withhold records of students who transfer to another district, if the student has an outstanding financial obligation to the school district.

Recorded: _____

Date sent out: _____