



TRANSCRIPT REQUEST FORM

This form should be completed and submitted to the CCP coordinator, or emailed to pat.johnson@granvilleca.org. Please allow 1-2 days for processing from the date of submission.

Student name: _____ 2022-23 Grade: _____ Date: _____

Student email: _____

Central Ohio Technical College
The Gateway - Student Records
1179 University Dr.
Newark, OH 43055-1767

Ohio Christian University
Attention: Trailblazer Academy
1476 Lancaster Pike
Circleville, OH 43113

Mount Vernon Nazarene University
Undergraduate Admission
800 Martinsburg Road
Mount Vernon, OH 43050

Ohio State University - Newark
esue-studugt@osu.edu

Other: Please provide the below information

Name of College/University: _____

Admission Address: _____

City, State, Zip: _____

Attn: _____

I have taken the ACT or SAT test. Please send my test scores with my transcript.

I have not taken the ACT or SAT test.

For Office Use Only:

Date rec'd: _____ Date processed: _____ Processed by: _____