

**Pike-Lincoln Technical Center
Request for Transcript**

Date of request: _____

Year of graduation / dates attended Pike-Lincoln Technical Center (PLTC): _____

Program enrolled in at PLTC: _____ Day ____ or Evening _____

Your full name: _____

Name at time of graduation from PLTC: _____

Any other name(s) you've used: _____

Social Security number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Your Complete Address: _____

Phone Number: Home: _____ Cell: _____

Send Transcript to: Name: _____

Address: _____

Fax: _____

Your legal signature authorizing the release of your records: _____

Send request for transcript to:
Pike-Lincoln Technical Center Director's Office
342 VoTech Road
Eolia, MO 63344

Transcripts are \$3.00 per copy

Transcripts can be faxed for \$10.00 per copy

Payment can be made by check, cash or credit card and must accompany each request. Request for transcripts cannot be taken by phone or email to ensure confidentiality.

Credit Card

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Card Number: _____ Expiration Date: _____

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Signature of Cardholder: _____

(By signing the above you give Pike-Lincoln Technical Center authorization to bill the above credit card for the total amount of transcript(s) you requested.)