



Mahoning Unlimited Classroom

...an Ohio Community School

REQUEST TRANSCRIPT FOR 22+ PROGRAM

TO: _____
(Previous School Name)

(School Address)

(City, State, Zip Code)

The following student is enrolling in Mahoning Unlimited Classroom's 22+ Diploma program.

Name: _____
Name used at previous school (if different): _____
Grade: _____
Last Year Attended: _____
Date of Birth: _____

COPY STUDENT TRANSCRIPT

ANY INFORMATION CONCERNING SPECIAL NEEDS

I understand my signature on this form authorizes the named school to send my transcripts to Mahoning Unlimited Classroom for the MUC 22+ program.

Signature of STUDENT: _____

Date: _____

Mahoning Unlimited Classroom
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