

Poplar Bluff Technical Career Center

Transcript Request

3203 Oak Grove Road
Poplar Bluff, Missouri 63901
573-785-2248
573-785-4168 fax

Date: _____

Name _____
last first middle

Previous last name(s) _____

Current Address _____

Soc Sec No ____/____/____ Date of Birth ____/____/____ Phone No _____

Date(s) of attendance _____ Year of Program Completion _____

Program Completed _____

Mail Transcript to:

Department or Person _____

Address _____

City _____ State _____ Zip _____

I hereby authorize the Poplar Bluff Technical Career Center to release copies of my academic record to the persons or institutions named above.

Student Signature (required) Date

Transcript Fees

A fee of \$5.00 is charged for each requested transcript. The fee must be received prior to transcript being mailed or released.