

MJS SCHOOL OF TECHNOLOGY
5910 CLEVELAND AVE
COLUMBUS, OHIO 43231
(614)682-5183

STUDENT RECORDS REQUEST FORM

Current Name of Student/Form _____

Name of student/Former Student (at time of attendance) _____

Current Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Social security number: _____

Name of School/College Attended: _____

Address of School/College: _____

City: _____ State: _____ Zip: _____

Date entered school/college: _____ Curriculum: _____

Did you graduate? _____ yes _____ no Date graduated _____

Mail all paper work (besides to student):

MJS School of Technology
ATTN: Cheryl Garver, RNC BSN, Director
5910 Cleveland Ave
Columbus, Ohio 43231

Phone (614)682-5183

Date of request: _____

Signature of Student: _____

Office use only:

Records: _____ \$15 Transcripts _____ \$15 Diploma _____ \$15

Date of Request: _____ Person taking call: _____

Date of record search: _____ Records found: _____ Not found _____