

**Mingo Extended Learning Center  
165 Bulldog Blvd.  
Delbarton, WV 25670  
Phone (304) 475-3347, Ext. 16.  
Fax: (304) 475-3797  
Transcript Release Form**

**Transcripts are pulled on Friday of each week.**  
**There is a \$5.00 charge.**

I \_\_\_\_\_ give Mingo Extended Learning Center  
(Signature Please)

permission to release my transcript. I attended (Name of School) \_\_\_\_\_

during the years of \_\_\_\_\_. I graduated (year) \_\_\_\_\_ or

I dropped out of school in the year of \_\_\_\_\_ and the last grade I completed was \_\_\_\_\_

**Graduate Information:**

(Name while attending Mingo County Schools):

\_\_\_\_\_  
First Middle Last Maiden

\_\_\_\_\_  
(Social Security Number) (Date of Birth) (Year of Attendance/Graduation)

\_\_\_\_\_  
(Current Mailing Address) Street Apt. # City State Zip Code

Current Phone Number: \_\_\_\_\_

**Copy of Drivers License is required along with this form.**

**Transcript Released to:**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Attention

\_\_\_\_\_  
(Complete Mailing Address) Street City State Zip Code