



GRADE TRANSCRIPTS: In order to comply with the Family Educational Rights & Privacy Act of 1974 (FERPA), all transcript requests require authorization. Provide your name as it was when you were enrolled. Please do not use your married name unless you were married when you attended. A written and signed request containing the following information must be received by **Hobart Institute of Welding Technology**, along with \$10.00 payment (per copy). After all necessary information is received your request will be completed in a timely manner. **Request must be signed and dated by the student making the request.**

Signature: _____ **Date:** _____

Please print the following information: How many copies (\$10.00 per copy)? _____

First, Middle, & Last Name: _____

Current Street Address or PO Box: _____

City, State & Zip Code: _____

Daytime Phone Number: _____

Date of Birth: _____ Social Security Number (last 4): _____

Dates Attended: _____

Mail to address if different from listed above:

School or Company: _____

Street Address or PO Box: _____

City, State & Zip Code: _____

Attn: _____

NOTE: Payment may be made by check or money order (made payable to Hobart Institute of Welding Technology) or by credit card. If you are paying by credit card you must provide the following: _____ VISA _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____ -- _____ -- _____ -- _____ Amount: \$ _____

Expiration Date on Card _____ CCV (3 digit code on back of card) _____

Signature of Card Holder _____

EXCELLENCE IN WELDING TRAINING AND EDUCATION

A 501(c)3 not-for-profit educational organization

400 Trade Square East, Troy, OH 45373

Phone (800)332-9448 / (937)332-9500 / Fax (937)332-9550 / Email financial@welding.org / www.welding.org