



# ATS Institute of Technology

www.atsinstitute.edu

325 Alpha Park Drive  
Highland Heights, Ohio 44143  
Phone 440-573-0000 Fax 440-449-1389

25 East Washington, Suite 200  
Chicago, IL 60602  
Phone 312-214-2000 Fax 312-419-7421

## OFFICIAL ACADEMIC TRANSCRIPT REQUEST FORM

**Transcript will be withheld if student has any outstanding obligations or requirements with ATS.**

Date of request: \_\_\_\_\_

Name (while attending ATS): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_

Address (while attending ATS): \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Program (circle one):    PN        ADN

Status (circle one):        Enrolled                      Completed/Graduated

***Standard processing - Official transcripts are processed for a fee of \$5.00 per transcript paid by money order or credit card. I understand that it could take one (1) to three (3) weeks for my official transcripts to be processed. Same-day processing is available for \$10.00 per transcript.***

***Regular mail will be used or overnight shipping is available for \$25.00 - \$37.00 per transcript depending on destination.***

<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>	<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>
Name of Company/School: _____	Name of Company/School: _____
Attention of: _____	Attention of: _____
Address: _____	Address: _____
Number of Transcripts Requested: _____	Number of Transcripts Requested: _____
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)
Shipping: (optional) <input type="checkbox"/> Overnight shipping (\$25.00-\$37.00 per transcript)	Shipping: (optional) <input type="checkbox"/> Overnight shipping (\$25.00-\$37.00 per transcript)



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<b>I hereby give permission to ATS Institute of Technology to release my transcript to the following:</b>	<b>I would like to have my transcript sent to myself (the student) at the following current address:</b>
Name of Company/School:	Current Name:
Attention of:	Title (optional):
Address:	Current Address:
Number of Transcripts Requested: _____	Number of Transcripts Requested: _____
Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)	Processing Options: (choose one) <input type="checkbox"/> Standard (\$5.00 per transcript, 1-3 weeks for processing ) <input type="checkbox"/> Same-Day Processing (\$10.00 per transcript)
Shipping: (optional) <input type="checkbox"/> Overnight shipping (\$25.00-\$37.00 per transcript)	Shipping: (optional) <input type="checkbox"/> Overnight shipping (\$25.00-\$37.00 per transcript)

<p>I authorize ATS Institute of Technology to charge the credit card listed below for the fee checked:</p> <p>Total Amount Due: _____</p> <p>Exact Name as listed on Credit Card: _____</p> <p>Credit card billing address: _____          Address, City, State, Zip Code</p> <p>Credit Card Holder Signature: _____</p> <p>Credit Card #: _____</p> <p>Type of Card: _____ Expiration Date: _____</p> <p>3-digit code from back of card: _____</p> <p><i>** If you are notified that the card was declined, you will have to come in to ATS to pay the fee by money order. Charge will appear as "MDT College of Health Sciences."</i></p>
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Payment Received: Money Order or Credit Card (Office Use Only)

Student Signature: \_\_\_\_\_



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## Demographic Information

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Graduation Date: \_\_\_\_\_

## Employment Information

4. Were you employed during the program? If yes, please provide the following:  
Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_
5. Did you start a new job/position after graduation? If yes, please provide the following:  
Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Salary (optional) \$ \_\_\_\_\_  
Type of position:  Full-time  Part-time
6. Is your job related to your PN program of study?  Yes  No

## Continuing Education

7. Do you plan to continue your education?  Yes  No
8. If yes, what program are you most interested in? \_\_\_\_\_
9. Are you currently enrolled in a school?  Yes  No
10. If no, when do you plan to apply? \_\_\_\_\_

## Program Success

11. How soon after graduation did you take your NCLEX? \_\_\_\_\_
12. Did ATS adequately prepare you for your role as an LPN/RN?  Yes  No
13. Any suggestion for continued improvement of our program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_