MOCC Cosmetology
Request for Transcripts

Part A: To be completed by the student requesting the transcript(s):

Person Requesting Transcript(s): ____________________________________________

Year Attended MOCC: ______________

I give (Name of School) permission to request my Cosmetology Transcript from the Mecosta Osceola Career Center.

*****Please print this form, sign and date it, then give to the cosmetology school you want to transfer to.

Signature_________________________________________   Date ________________________

PART B: To Be Filled Out by the Cosmetology School Requesting Transcript(s):

Name of the Cosmetology School: ________________________________________________

School Official:_____________________________________ Title:_________________________

School Address:_________________________________________________________________

City:_______________________________________   State:______________________________

Signature of School Official:________________________________________________________

Part C: To be completed by Mecosta Osceola Career Center

MOCC Cosmetology Instructor: __________________________________Date:______________

Student documentation: please initial the documents that are being sent to the requesting school

❏ Completed Minimum Practical Applications
❏ Completed Hours
❏ Starting Date
❏ Ending Date
❏ Final Grades

Date Sent:__________________ Signature of MOCC Instructor___________________________

12/18/2017