

**Applicant: please fill out information and give to high school and SCHOOL needs to MAIL this to:  
Apollo Career Center Apollo School of Practical Nursing 3325 Shawnee Road Lima, OH 45806-1454**

**Request for High School Transcript**

Please send an OFFICIAL TRANSCRIPT FROM your high school to:

Apollo Career Center  
Practical Nursing Program  
3325 Shawnee Road  
Lima, OH 45806-1454

For:

Applicant's Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Name at Time of Graduation \_\_\_\_\_

School from which graduated: \_\_\_\_\_

Last 4 digits of your social security number: \_\_\_\_\_

Birthday: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)