

Transcript Request Form

Last Name: _____ First: _____ Middle: _____

Previous Name(s): _____ Phone: _____

Student ID or SSN: _____ Date of Birth: _____

Street _____ City _____ State _____ Zip _____

****There is a \$5.00 fee per official transcript requested. The fee must be submitted with this form.** By mail you may pay with check or money order. In person, cash or debit/credit card are also accepted. **

Timing:

- Process my request now. Allow 2-3 days except during peak times before and after beginning of semester.
- Hold my transcript until grades are posted for Fall Spring Summer semester.
- Hold until my degree is awarded.

Delivery Method:

- I will pick up my transcript within 2 weeks or I understand you will mail it to the address provided above.
- I authorize _____ to pick up my transcript. Photo ID for authorized party required.
- Email my transcript to _____@_____. (May be considered unofficial)
- Send my transcript(s) electronically (EDI) to the school(s) listed below. Fastest method for official. (If available)
- Mail my transcript to the address indicated below.

Address 1	Address 2	Address 3
To:	To:	To:
Attn:	Attn:	Attn:
Street	Street	Street
City, ST Zip	City, ST Zip	City, ST Zip

Total # of transcripts requested _____ X \$5.00 = \$ _____

Student Signature: _____ **Date:** _____