

B-S-ADMIN Processed by: _____ Date: _____ Scanned by: _____ Date: _____

Miscellaneous Information Request Form

Name: _____

Student ID or SSN: _____

Previous Name: _____

Phone: _____

Document Requested (check appropriate item(s) below)

- Immunization Record
 - Placement Test Scores
 - Copy of high school transcript (unofficial)
 - Copy of other college transcript (unofficial)
 * If multiple schools, list each school
 - Other
- _____
- _____
- _____
- _____

Delivery Method

<input type="checkbox"/> Pick-up* Name: _____ <ul style="list-style-type: none"> If you wish to have another individual pick up your letter for you, you must list his or her name above Individual picking up request will be required to provide photo id. 	<input type="checkbox"/> Mail Name/Company: _____ Address: _____ _____
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Student Signature: _____

Date: _____

(Proof of identification must be provided at time of submission. If mailing include copy of valid photo ID.)

*When authorizing a 3rd party to pick up, a copy of the student's valid ID containing student's signature must be provided.