



## TRANSCRIPT REQUEST FORM

Mail or fax this form AND a copy of valid issued Photo I.D to the office of Student Records.

Name: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student I.D.#: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E- Mail Address: \_\_\_\_\_

Transcripts are mailed to the address you provide below.  
Note: There is a limit of 5 transcripts per address.

# of copies needed: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

*Transcript(s) to be sent: Please circle type of transcript.*

- a.  directly to above address. OFFICIAL or UNOFFICIAL
- b.  mailed to me. OFFICIAL OR UNOFFICIAL
- c.  picked up in person by me. OFFICIAL OR UNOFFICIAL

\*Your official transcript(s) should be sent within 5 business days. Additional processing time may be required during final grade processing or because of unforeseen system problems. If you need to follow-up on your request, contact information can be found on the top right of this page.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ I.D. VERIFIED: \_\_\_\_\_ INITIALS: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_