



# transcript request

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle ID #: \_\_\_\_\_

Former or Maiden Name \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Student Address \_\_\_\_\_  
Street and Apt. # Birthdate: \_\_\_\_\_  
Month/Day/Year

City, State, and Zip Date of first attendance: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of last attendance: \_\_\_\_\_

**Student Signature** \_\_\_\_\_

- For domestic transcripts there is a \$5.00 fee; International transcripts \$8.00. (Add \$20.00 for express service.)
- Processing time for transcript requests is three to four business days.
- No transcripts will be issued unless the student's financial and departmental holds are clear.

\_\_\_\_\_ Send transcript(s) to the address below.  
 \_\_\_\_\_ I will pick up transcripts(s) on the following date: \_\_\_\_\_  
 NOTE: Transcripts not picked up will be destroyed after one month from this date, and must be re-requested.  
 \_\_\_\_\_ Hold transcripts(s) until current term's grades are posted

### PRINT ADDRESS CLEARLY!

This form will be used in a window envelope . Use one form for each different address

#### SEND TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Number of copies of transcript requested.

Office use only:	
payment	_____
	amount check/receipt
date sent:	_____

6508-374



# transcript request

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle ID #: \_\_\_\_\_

Former or Maiden Name \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Student Address \_\_\_\_\_  
Street and Apt. # Birthdate: \_\_\_\_\_  
Month/Day/Year

City, State, and Zip Date of first attendance: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Date of last attendance: \_\_\_\_\_

**Student Signature** \_\_\_\_\_

- For domestic transcripts there is a \$5.00 fee; International transcripts \$8.00. (Add \$20.00 for express service.)
- Processing time for transcript requests is three to four business days.
- No transcripts will be issued unless the student's financial and departmental holds are clear.

\_\_\_\_\_ Send transcript(s) to the address below.  
 \_\_\_\_\_ I will pick up transcripts(s) on the following date: \_\_\_\_\_  
 NOTE: Transcripts not picked up will be destroyed after one month from this date, and must be re-requested.  
 \_\_\_\_\_ Hold transcripts(s) until current term's grades are posted

### PRINT ADDRESS CLEARLY!

This form will be used in a window envelope . Use one form for each different address

#### SEND TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Number of copies of transcript requested.

Office use only:	
payment	_____
	amount check/receipt
date sent:	_____

6508-374