

Request for Academic Transcript

Official transcripts are released / mailed in sealed envelopes. Transcripts released to students are marked "STUDENT'S COPY".

Student Information

Name: _____
(First, Middle, Last)

Address: _____
(Street or Post Office Box)

_____ (City, State, Zip Code)

Phone Number: _____ SSN# / Student ID#: _____

Email Address: _____

Previous Name(s): _____ Date of Birth: _____

Currently Attending? Yes No Name of Program: _____

Did you Graduate? Yes No Year(s) Attended: _____

Student Signature: _____ Date: _____

Transcript Processing Information

Official Copy Student Copy Number of Copies: _____

(\$10) Within 1-3 Business Days (\$3) Within 7-10 Business Days

(\$10) Fax Number: _____ (\$3) After Degree Awarded / Grades Posted for:
(Official copies cannot be faxed) Fall Spring Summer

CC Info: MC Visa Discover _____ - _____ - _____ Exp. Date _____ / _____

We accept cash, checks and money orders. To pay by phone, please contact our Business Office at 453-5140.

Transcript Mailing Information

Student is responsible for providing a complete mailing address (Name/Organization, Person/Department etc.)

For Official Use Only

Paid: \$ _____ Date Received: _____ Date Processed: _____ Date Mailed: _____