

REQUEST FOR TRANSCRIPT

STUDENT INFORMATION: PLEASE PRINT

REQUEST DATE: _____
Present Name: _____ Social Security Number: _____
Name while in attendance: _____ Date of last attendance: _____
Address: _____
City: _____ State: _____ Zip: _____
Place of Employment: _____ Work () _____
Home () _____ Cell () _____ E-Mail _____

TO WHOM TRANSCRIPT SHOULD BE SENT (If other than student)

Name _____ Attention _____
Address _____
City: _____ State: _____ Zip: _____

NOTE: Official transcripts with college seal issued ONLY to employers or other colleges and must be mailed direct.
Please allow 7-10 business days for processing.

NOTE: No transcripts of a student's record will be furnished to any student or alumnus whose financial obligations have not been satisfied.

Each Copy\$5.00 Receipt No. _____ FEE _____

_____ Please return your request with the \$5.00 required fee.

_____ We cannot release your transcript because of a \$ _____ outstanding balance on your account.

Send your payment with this notice in the enclosed business-reply envelope.

X _____ Should copy be held pending current quarter's grades? _____

STUDENT SIGNATURE: MANDATORY

DATED REQUEST MAILED _____

F117-8 (Rev 06-06) Original: File Canary: Student