



**Transcript Request Form (Please Print)**

First Name\*

Last Name\*

**\*Records will reflect name that appears in our system unless documentation stating  
Otherwise is attached (i.e. legible copy of driver's license).**

Student ID

Date of Birth

Program Enrolled

Current Address

City

State

Zip Code

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Cell

Home

Other

Student's Sign

Date

**A FEE OF \$10.00 FOR EACH OFFICIAL TRANSCRIPT ISSUED**

**No Partial Transcripts will be issued. Allow 3 to 5 business days for processing.**

**Please Check One:**

- Send Immediately**
- Student Pick Up** - Picture ID Required
- Hold for Final Grades:**

**Request:**

- Official Copy** - School Seal
- Official Copy** - School Seal - Issued to Student in Sealed Envelope
- Unofficial/Student Copy**

**Please Send Transcript(s) to:**

1. Quantity \_\_\_\_\_

To: \_\_\_\_\_

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

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

2. Quantity \_\_\_\_\_

To: \_\_\_\_\_

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

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

What program you are enrolling for? \_\_\_\_\_

Payment Method:  Cash  Check/Money Order  Credit Card

**RECORDS OFFICE USE ONLY**

- Returned to you because \$10.00 fee is required. Please return with Payment and make sure this form is completed when mailing back.
- Form requires signature and date.
- Transcript Hold \_\_\_\_\_

**Records Office  
Use Only**

**Cashier office  
Use Only**

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Completed by

\_\_\_\_\_  
Completed by