

TRANSCRIPT REQUEST FORM

To assure accurate processing, complete entire form – write clearly.

LAST NAME _____ FIRST NAME _____ SID or SSN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE (DAY) _____ BIRTHDATE _____ FORMER NAME(S) _____

Number of OFFICIAL transcripts? (\$7.50/each) _____ EMAIL _____

Faxed and/or Mailed Requests, include the following information:

Credit Card Number: _____/_____/_____/_____ Expiration Date: ____/____

Name As it Appears on Card: _____

CHECK A BOX BELOW:

- I WILL PICK UP MY TRANSCRIPT at the Registration counter.
(Transcripts not picked up after 90 days will be shredded.)
- MAIL MY TRANSCRIPT TO THE ADDRESS BELOW.

PROCESS MY TRANSCRIPT(S) WITHIN 2 DAYS.

Provide a complete & accurate address.

MAIL TRANSCRIPT(S) TO ADDRESS (Include department OR attn):

Signature: _____ Date: _____

OFFICE USE ONLY Transcript processed on

Date: _____ By: _____

PLEASE ALLOW **TWO (2) BUSINESS** DAYS FOR THIS REQUEST TO BE PROCESSED.
TRANSCRIPTS WILL REQUIRE UP TO **ONE (1) WEEK** TO PROCESS AT END OF QUARTER.