TRANSCRIPT REQUEST FORM
Please allow five days for processing or up to two weeks at the beginning and end of semester.

Your name: (Include other names you have used if any)

Your address:

Telephone number: Email address:

Student ID or Social Security number:

Dates of Attendance:

Indicate the type of transcript you are requesting  □ official  □ unofficial

What is the reason for your request?

□ Application to graduate school  □ Study abroad application
□ Application to transfer to another school  □ Employment application
□ Application for scholarship/financial aid  □ Licensure application
□ Other (please explain) ________________________________________________________

When should this request be processed?

□ Now  □ After semester grades or graduation statement has been added

To whom should this transcript be sent? Enter recipient name and address below.
Please be accurate and complete. For more than one recipient use the reverse side of this form.

Please be accurate and complete.

□ over->

Student signature/Authorization to release information

_________________________________________  ________________
student signature    today’s date

In: _______  Out: _______  System: _______  Mail / Fax / Pick up: ___________________  initials _______