



Instructions: Please provide all applicable information and sign this form. Payment and student signature are both required at the time of ordering. If you have any type of hold on your records, an official transcript will not be released. Transcript requests are processed on Wednesdays and Fridays.

Student Information

Form with fields for Social Security Number, Birthdate, Name (last, first), Previous Name (last, first), Street Address, Apt #, City, State, Zip-code, Phone () - , Email, and Dates attended.

OFFICIAL TRANSCRIPT
signed & sealed
\$10

UNOFFICIAL TRANSCRIPT
printed, faxed, or emailed copy
Free

Please send my transcript:
Now After degree is posted After grades posted | TERM: _____

Check one: Pickup Transcript Mail Transcript Fax Transcript To: () ____ - ____ Attention: _____

Addresses for Mailed Transcripts

Form with four sections for mailing addresses, each with a header 'Please send (enter number) ____ official transcript(s) to the following address:' and four lines for the address.

STUDENT SIGNATURE: (required) X Date / /

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcript

For Office Use Only
Payment received: \$
Payment received by (staff initials):
Date:
Receipt#:
Payment Type: Cash Check Card
Delivery Method: Picked Up Mailed Faxed
No Record Found
Hold
Other: _____