

TRANSCRIPT REQUEST FORM

Official transcripts will only be issued upon written request of the student. To request your transcript, please complete this form and submit it to the Registrar's Office either by mail, fax or in person. There is no charge for this service. Transcripts will be issued only for those who are in good financial standing with the College.

Name: _____
 Last First Middle Previous/Maiden

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ SSN or Student ID#: _____ Birth Date: ____/____/____

First year attended _____	Check one:	Reason transcript is needed:
Last year attended _____	<input type="checkbox"/> Send now	<input type="checkbox"/> Employment/job application
<input type="checkbox"/> Graduated _____	<input type="checkbox"/> Send at end of term	<input type="checkbox"/> Scholarship application
Grad Date	<input type="checkbox"/> Will pick up _____	<input type="checkbox"/> Certification/licensure
<input type="checkbox"/> Currently enrolled	<input type="checkbox"/> I authorize _____	<input type="checkbox"/> Submit to another institution
	to pick up a copy of my transcript in a sealed envelope.	<input type="checkbox"/> Personal use
		<input type="checkbox"/> Other _____

*Program of study _____

Release transcript to: (Print name of person, office, institution or organization and include complete mailing address.)

Student's Signature: _____ Date: _____

Note: Student assumes full responsibility for furnishing complete and correct address. When a transcript is sent by this office to a third party at the student's request, it becomes the property of the person, office, institution, or organization receiving it.

For office use only:
 Date requested: _____ Date sent: _____