

REQUEST FOR OFFICIAL TRANSCRIPT

Year of Graduation

NAME: _____ DATE OF BIRTH: _____
(Last) (First) (Middle)

DATE OF REQUEST: _____ STUDENT ID: _____

I WISH TO HAVE A TRANSCRIPT SENT TO THE FOLLOWING: (Please make sure address is complete)

NAME OF INSITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NUMBER OF COPIES: _____

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NUMBER OF COPIES: _____

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NUMBER OF COPIES: _____

CHECK ONE: Please Send: Current Transcript _____ Mid Year Transcript _____ Final Transcript _____

Transcripts are \$2.00 for official copy for current students - \$5.00 for alumni.

I hereby authorize the release of my son's/daughter's transcript to the above named institution or organization.
(Parent signature is not required if student is 18 years of age).

Parent/Guardian Signature

Date

Student signature if 18 years of age

Date

Date Processed: _____ (School Use Only)

MUST RETURN THIS FORM TO REGISTRAR AFTER PAYMENT.