

Official Transcript Request

Date: _____ Name: _____

ID#, DOB, or last four digits of SSN _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Dates of attendance: _____ to _____

Signature (required): _____

Include Class Ranks: ☒ YES ☐ NO

Number of copies: _____ Please enclose a check for \$3 per transcript.

Currently enrolled students only:

Hold request until all grades from last period are included? ☒ YES ☐ NO

Hold request until class rank is calculated and included? ☒ YES ☐ NO

Please select one of the following:

☐ I will pick up my transcript from the Student Services Office

☐ Please send my transcript to the address listed above

☐ Please send my transcript to the following address:

Please return your completed form to the Registrar's Office, Room 119.

Office use only

Date received _____ Date processed _____ Completed by _____

Payment: ☐ Check ☐ Cash ☐ Money Order ☐ Bill Sent

Last updated December, 2015