



OFFICIAL TRANSCRIPT REQUEST

OFFICE OF THE REGISTRAR

\$5.00 PROCESSING FEE PER TRANSCRIPT

Student's Full Name: _____

Name While Attending (If different): _____

Student's Address:

Street _____ Apartment# _____

City _____ State _____ Zip _____ Phone _____

Email: _____

Social Security Number: _____ **Birth Date:** _____

OR

Currently Enrolled: Y N **Dates of Attendance:** _____

Attended before 1995: Y N

Print complete name, address and fax number of receiving institution below (*NOTE: Faxed transcripts are not considered Official by most receiving institutions.*):

Send Transcript NOW At the end of semester when final grades are posted.

Number of copies desired: _____

Please send a copy of my entrance exam scores only: _____

I request that my transcript be sent to the person or institution listed above:

Student Signature _____ Date _____

For Office Use Only

Date Paid: _____ Request Completed on: _____ Sent by: _____