



### OFFICIAL TRANSCRIPT REQUEST

*\$7.50 PROCESSING FEE PER OFFICIAL TRANSCRIPT*

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name While Attending (If different): \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Street City State Zip

Student's Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ OR 9000#: \_\_\_\_\_

Currently Enrolled:  Yes  No      Attended Before 1995:  Yes  No      Graduated:  Yes  No

Years Attended: \_\_\_\_\_ Campus Attended: \_\_\_\_\_

Print complete name, address and fax number of receiving institution below:

**Mail:** Provide Address: \_\_\_\_\_

**Fax** (Unofficial Copy) Provide Fax Numbers: \_\_\_\_\_

**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: \_\_\_\_\_