

Transcript Request Form

Student Legal Name _____
Last First Middle Initial

Telephone _____ Birth Date _____ Graduation Year _____

Today's Date _____ Deadline Date (if applicable) _____

Current Students: The first 5 transcripts are free for current students. After 5, there is a \$5 per transcript charge.

Former Students: A fee of \$5 is due at the time of request

Please allow 10 business days from the time of request for processing.

_____ Check here to mail transcript to the following address(es). Regular first class mail service will be used.

School 1

School 2

Attach sheet for additional schools.

_____ Check here if reference form attached (See your university application website to determine if applicable.)

_____ Check here to hold for pick-up (official copy for non-admission application purposes)

Parent Signature (if student is under 18)

Student Signature (if student is 18 or over)

For Office Use Only

Date Received

Payment

Date Mailed

Initials