

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: \_\_\_\_\_

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NAME OF INSTITUTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
NUMBER OF COPIES: \_\_\_\_\_

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NAME OF INSTITUTION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
NUMBER OF COPIES: \_\_\_\_\_

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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.

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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.**