

Transcript Request Form

Complete this form with all applicable information. Students who are current with their financial obligation to the school may at any time obtain an official transcript by completing this form. Students who are not current with their financial obligations may receive an unofficial copy of their transcript.

Student signature is required. *Please Print Clearly

Student ID Number:		Name of School at time of attendance:		Location (City/State):	
Check all that apply: <input type="checkbox"/> Official Transcript # _____ <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Duplicate Diploma <input type="checkbox"/> Other _____		Last date enrolled/graduated: Program:		Purpose for Request: <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Other (Please specify): _____	
Last Name		First Name		Middle Initial	Last name at time of attendance:
Current Street Address				Date of Birth (Required)	
City	State	Zip Code		Telephone Number	
Signature (Required)			Date		E-mail Address

MAIL/FAX TO: (Faxed transcripts are considered Unofficial)

Name		
Attention to:		
Street Address (or fax number)		
City	State	Zip Code

Name		
Attention to:		
Street Address (or fax number)		
City	State	Zip Code