



REQUEST FOR TRANSCRIPT

*** Please complete one form for each institution to which the transcript is to be sent. ***

Student Name: _____

Date Requested: _____

☐ Current Student: Grade _____

☐ Former Graduate: Graduation Year _____

Institution to which transcript is to be sent: _____

Transcript* to be sent by (**please check one**):

☐ By Mail - Please enter address:

☐ By E-mail _____

☐ By Fax (_____) _____

*** Please Note:**

- "Official" Transcripts will only be issued to institutions or organizations as requested. Students requesting transcripts for personal use will be issued an "Unofficial" copy.
- Two Weeks' notice (ten business days) is required for all transcript requests.

Signature of person making request: _____

Office Use:

Transcript sent: Date _____ Signature of Administration _____