

Official Transcript Request Form

1. There is a processing fee of **\$5.00** for every transcript. Payment must be made by **Credit Card or Money Order**. Credit card information will not be taken over the phone it **must** be faxed. Checks will not be accepted.
2. All transcripts are sent within *seven business days*. Additional time may be required for processing during registration periods.
3. **We reserve the right to refuse transcript requests.** Requests will not be processed and will be returned if the request form is incomplete, if the student record reflects a hold, if payment is incorrect, etc.
4. **We are not responsible for incorrect addresses or postal delays.**

Student ID *or* Last 4 digits of SSN: _____ Campus: _____

First name: _____ Last name: _____

Maiden name/other name while attending (if applicable): _____

Approximate Dates of Attendance: _____ Graduation Date: _____

E-mail address: _____ Date of Birth: _____

Day phone: _____ Evening phone: _____

Address Street & No.: _____

City: _____ State and Zip Code: _____

Money Order # _____	Cash Payment (in person) \$ _____
Authorized Card Holder's Name: _____	
Credit Card # _____	Circle One: Visa MasterCard Amex
Amount to be Charged: _____	Card Exp: _____

Number of transcript copies requested: _____ Please hold for Final Grades to be process

Check one of the following delivery options:

- Please hand my official(s) to me in a sealed envelope (*You will be contacted when ready for pick-up*)
- Please mail to my home address above.
- Please mail to the following address.

Name: _____

Address Street & No.: _____

City: _____ State and Zip Code: _____

Student Signature: _____ **Date:** _____

Registrar use only

Processed by: _____ Date: _____

Address up-dated if applicable: _____ Referred to Admissions if Applicable: _____