



Transcript Request Form

Each student is entitled to one official transcript of his/her completed courses and grades at no charge. Processing the request requires five (10) business days. Additional copies are \$10 each. **Please print the following information:**

Full Name _____
Address _____
City _____
State & Zip Code _____
Date of Attendance _____
Social Security # _____

I, _____, give _____ permission to send _____ copies of my official transcript **to the name and address identified below.**

Please hold this request for:

____ Grades
(Circle one) **FALL** **SPRING** **SUMMER**
____ Degree to be posted
____ Other

Student Signature

Date of Request _____

Date Sent _____ sender Initials _____

** Please follow the procedures of each college/university for submitting this form to their Records Office. Thank you

Official _____

Personal Copy _____