



Official Transcript Request Form

Instructions: Complete this form with all applicable information. **Fee payment and student signature** are both required at the time of ordering. If you have any type of hold on your records, your transcript will not be issued. Please note: transcripts cannot be ordered without a picture ID or written and signed authorization. Please do not fax this form.

Official Transcript Fees (per copy):

Pickup/US Mail: \$2 FEDEX Domestic: \$20 FEDEX International: \$25 FAX: \$5

Student Information: (*denotes required information for pick-up only requests. For Mail/Fax, all information is required)

*LAST NAME (please print):		*FIRST NAME (please print):	
*A#	Email Address:		
Street Address:			
City:	State:	Zip:	Phone #: () - Ext:
Date of Birth: Month / Day / Year	Last year enrolled before 1980? <input type="checkbox"/> Yes		Previous Last Name(s):

Please check at least one:

- *Pick up. Number of copies: _____
- Mail... (*indicate to whom and when below*)
- Fax to: () - Attention: _____

Special Instructions:

Addresses for Mailed Transcripts:

<p>Please send (enter number) _____ official transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts</p>	<p>Please send (enter number) _____ official transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts</p>
<p>Please send (enter number) _____ official transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts</p>	<p>Please send (enter number) _____ official transcript(s) to the following address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> mail now <input type="checkbox"/> after final grades <input type="checkbox"/> after degree posts</p>

***STUDENT SIGNATURE: (required)** _____ **DATE:** _____

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your signature is required to authorize the release of your transcripts.

For Office Use Only: Pickup: _____ Mailed: _____ Faxed: _____ Payment received: \$ _____

Payment received by (staff initials): _____ Date: _____ Payment Type: Cash Check