

REQUEST FOR STUDENT TRANSCRIPT

Student Name _____

Signature _____

Social Security Number _____

Maiden or other married name if applicable

I request that a copy of my transcript be sent: now

at the end of the term

Check One: Official Copy

Student Copy

I request that my transcripts be sent by:

Mail Fax (\$3.00 fee) Fax number:

I give the college permission to secure enrollment verification from the institution to which I am transferring for research purposes. Yes No

Send official copy to:

INSTITUTION/ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP

ATTENTION:

-----RECORDS OFFICE USE ONLY-----

Chg. Yes No Sent—Date: _____ By: _____

Comments: Issued to student in sealed envelope.

TRANSCRIPT POLICY—A transcript is sent only upon the written request of the student. No transcript will be furnished for a student whose financial obligation to the college has not been satisfied.