



REGISTRAR REQUEST FORM

STUDENT'S FULL NAME: _____

RECIPIENT: ☐ Student

☐ Agency Name: _____

☐ Third Party Name: _____

Signed FERPA form is required for Agency and Third Party recipients.

METHOD OF DELIVERY:

☐ Pick-up ☐ Phone (Verbal information only)

☐ Mail Address: _____ ☐ Fax Number: _____

☐ Email address: _____

☐ Transcript
☐ Official \$10.00
☐ Unofficial

☐ Enrollment / Attendance Verification
Please attach form to be completed.

☐ Certificate of Completion \$25.00

☐ Schedule

☐ Replacement ID badge \$10.00

☐ Copy of Immunizations

☐ Copy of Background Check

☐ Immunization / declination form

☐ Copy of Immunization Records

☐ Copy of Drug Screen

☐ Other. Please explain.

Requests for the Registrar may be fulfilled within 2-5 business days after date of submission unless otherwise noted. Each item may be rushed for an additional \$30.00 charge.

Student Signature

Date

Student Name Printed