

REQUEST FOR OFFICIAL TRANSCRIPT

Student Number: _____

Soc. Sec. Number: _____ - _____ - _____

If you are requesting transcripts be sent to more than two addresses, complete a separate form or attach a sheet listing additional addresses. Transcripts will not be released until delinquent accounts have been paid. Transcripts held for current session grades or degrees are mailed approximately two weeks after the end of the term. Those held for degree posting are mailed approximately 6-8 weeks after the end of the term. Your original signature must be included. Computer generated signatures are not valid. All transcripts are mailed by regular first-class mail unless a prepaid, pre-addressed priority mail envelope is included with request.

STUDENT INFORMATION**1. Name While Enrolled**

 Last First Middle Maiden

2. Current Address and Telephone Number

 Number and street, apartment or box number

 City State ZIP Country

 (Area Code) Telephone number

3. Date of Birth Month _____ Day _____ Year _____

4. Enrollment Status

☐ Currently enrolled on campus

☐ Last enrolled (year): _____

☐ Completed any Correspondence Course Prior to 2002

PAYMENT INFORMATION

5. Amount due \$ _____ **Payment enclosed \$** _____

6. Method of payment☐ Cash☐ Check or money order☐ Student Charge☐ Credit card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Credit card number: _____

Expiration date (MM/YY): _____

RECIPIENT INFORMATION

☐ I will pick up transcripts now. (\$10.00 per copy)
 Note: Some institutions will not accept transcripts unless they are mailed by the University Registrar.

QTY _____

☐ **FAX** transcripts (\$15.00 domestic/\$20.00 international per copy) to:

QTY _____

(Area Code) Fax number _____

ATTN: (Recipient name) _____

☐ **MAIL** transcripts (\$10.00 per copy) to the address listed below and indicate the number of transcripts to be sent.

QTY _____

Recipient name (#1) _____

 Number and street, apartment or box number

 City State ZIP Country

☐ **Electronic Delivery** (\$10.00 per copy) to the email address below

QTY _____

Requestor Email Address _____

 Recipient Name_____
 School/Company_____
 Recipient Email Address☐ Send transcript now ☐ Hold for grades ☐ Hold for degree — Term: _____**STUDENT SIGNATURE (required)**

I authorize the release of my transcript to the above listed address(es).

 Signature_____
 Date