



Transcript Policy:

1. There is a processing fee of \$5.00 for each transcript and a two week processing period.
2. The College reserves the right to withhold, deny or cancel any transcript request due to financial holds and fees due for any course, program of study or degree, at anytime, or for any other reason.

This form cannot be submitted electronically. Please print form; fill out required information, sign and mail or fax to the address listed below.

Date requested: _____ Date of birth: _____ Student ID#: <u>Social Security#</u> _____	
Name: _____ Email: _____ <small>Last Maiden First</small>	
Telephone: _____ <small>Home Work or Cellular</small>	
Update official school records? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address: _____ <small>Street City State Zip</small>	
Status: <input type="checkbox"/> Alumni <input type="checkbox"/> Current Undergraduate <input type="checkbox"/> Current Graduate <input checked="" type="checkbox"/> Other	
College: <input type="checkbox"/> Arts <input type="checkbox"/> Business <input checked="" type="checkbox"/> Education & Health <input type="checkbox"/> Engineering <input type="checkbox"/> Science	
OR Degree(s), if any earned: _____	
Dates of attendance: _____	
Reason for transcript request – (Please choose below): <input type="checkbox"/> Scholarship <input type="checkbox"/> Study abroad <input type="checkbox"/> Transfer <input type="checkbox"/> Graduate studies <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Other	
Transcript type needed: <input type="checkbox"/> Official to institution <input type="checkbox"/> Official sealed to student <input type="checkbox"/> Student copy	
Time requested: <input type="checkbox"/> Please process <input type="checkbox"/> Please hold for end of current semester grades	
_____ # of official copy	_____ # of unofficial copy (student copy)
Send to: _____ _____ _____	_____ _____ _____ <small>Please attach or write on the back for additional address →</small>
<input type="checkbox"/> Check enclosed <input type="checkbox"/> Cash	
<input type="checkbox"/> Credit card: _____ Discover _____ MasterCard _____ Visa _____ American Express	
Card number: _____ Expiration date: _____	
Name as it appears on credit card: _____	

Requestor's signature: _____ (Required for processing)