

TRANSCRIPT REQUEST FORM

Complete the following form and remit with payment to the campus from which you are requesting your transcript. The mailing address for your campus can be found on the "Contact & Location" page of the website.

The fee is \$5.00 per requested transcript.

Incomplete or inaccurate information could cause delays.

Current Full Name _____

Name at time of enrollment _____

Social Security Number _____

*(required for verification of records archived)

Date of Birth _____

Current Phone _____

*including area code

Dates of Attendance _____ to _____

Current Address _____

Send Transcript To: _____

Address: _____

I hereby authorize the release of my transcript to the recipient listed above.

Signature _____ Date _____