

Official Transcript Request- \$5.00 fee per copy

Rush service available online only with additional fee

****PLEASE NOTE: No records will be released if there are any outstanding obligations.
No records will be faxed for any reason.
No request(s) will be honored without appropriate payment or signature.

Number of copies:

- _____ Allow 2-3 business days for processing
_____ Process when current term grades have been posted (7 days after end of term)
_____ Process when current term graduation has been posted (3-4 weeks after end of term)

Email Address: _____ Date of Birth: ____/____/____

Social Security No. _____ - _____ - _____ Dates of Attendance: From _____ to _____

Daytime Phone No. (____) _____ Other Phone No. (____) _____ Fax number _____

Last Name First Name Middle Name Former Name(s) Used

Current Address City, State Zip Code

1. Mail to: (Applicant responsible for correct address) 2. Mail to: (Applicant responsible for correct address)

By placing my signature on the line below, I verify that I have provided enough information for my academic record to reach the desired designation and give the staff of the Office of Registration & Student Records permission to release my academic record to the above name or institution.

Signature Date

+++++

Transcript Request Payment Student _____ SS or ID No. _____

Credit Card Information

Master Card No. _____ Expiration Date ____/____
Mo. Yr.

CVV Code from back of card _____

Visa Card No. _____ Expiration Date ____/____
Mo. Yr.

CVV Code from back of card _____

10-0010-40331-0000 (Transcripts) \$ _____ Name As It Appears on the Card: _____

I hereby agree to pay the sum set forth above to the bank, which issued my card in accordance with the terms of the credit card for the purchase of goods and services.

Signature: _____ Date: _____

Your levy support guarantees quality and affordability last update 11/06