



## TRANSCRIPT REQUEST FORM

Please fill out the *required* information in the spaces below, **PRINT OUT A COPY OF THIS FORM, SIGN IT, and MAIL or FAX IT** in as your transcript request. All information is considered confidential.

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Return Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

First Year Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

Other names you may have attend under: \_\_\_\_\_

Number of Transcripts Needed: \_\_\_\_\_

Address where to mail transcript:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is needed for other addresses, please use the back of this form.

Check here if you needed to use the back of the form

Hold for Current Grades

Hold for Grade Change

Hold for Degree Posting

Place in separate, sealed envelopes

Include SAT, ACT, TAAS Scores

reset This will clear the entire form if you need to start over.

**Signature** \_\_\_\_\_

email address: \_\_\_\_\_

**There is no charge for transcripts.**