

# TRANSCRIPT REQUEST FORM



Please **mail** a copy of my transcript to the following:

Name of College/University \_\_\_\_\_

Office of \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**-OR-**

Please **email** a copy of my transcript to the following:

Name of College/University \_\_\_\_\_

Email Address \_\_\_\_\_

*Please allow up to 48 hours for processing.*

*Note: There is a \$2.00 charge for each additional transcript after two requests.*

STUDENT NAME \_\_\_\_\_

SIGNATURE & DATE \_\_\_\_\_

(Parent or Student over 18 years of age)

**For Office Use Only**

Date sent:

Given to student:

Preparer initials: