



Transcript Request Form

Please send a copy of my transcript to the following university/college:

Name of College _____

Department of _____

Office of _____

Address _____

City _____ State _____ Zip _____

Student Name _____

Signature _____ Date _____

(Parent or Student over 18 years of age)

Please include test scores

Please include current schedule

Please note there is a \$2.00 charge for each additional transcript if 2 transcripts have been previously requested.

Transcripts will not be mailed without complete address and information.

Office use only

Date mailed _____

Given to student _____

Preparer initials _____