

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 \$10.00 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