



Office of Academic Records
Transcript Request Form

Use this form only if you are sending check or money order for payment; if using credit card, go to National Student Clearinghouse at www.studentclearinghouse.org to order and pay electronically.

Student's Name: _____
(Last) (First) (MI)

Previous Names: _____
(If different than above; including maiden name)

Student's ID# or ssn: _____ DOB: _____
(month/Day/year)

Dates you attended this institution: _____
(from: month/year) (to: month/year)

Send Transcript(s): _____ Now _____ Other: _____
(Number of Copies) (Hold for Degree to be posted or Hold for Grades to be posted)

Mail: _____ Sealed Envelope with Registrar's Signature on Back: _____
(If multiple copies are being sent, specify if separate envelopes are needed per copy.)

Addressed to (Include Name to put to the attention of):
(\$5.00 charge/copy) _____

Fax: _____ Fax to: _____
(\$5.00 charge/copy and \$5.00 charge/fax number) (To the Attention of:)

(Fax number, including area code)

Pick Up: _____ Sealed Envelope with Registrar's Signature on Back: _____

If you wish to have someone else pick up transcripts, print the name below:

(Name of person picking up transcript; will require ID of authorized person)

REQUIRED:

Include check or money order for full payment with all written requests

Contact Phone Number: _____
Contact E-mail Address: _____

Handwritten Signature: _____ Date: _____