



Transcript Request Form

Upon receipt of completed Request Form, a minimum of
1-2 business days is required to process the request. PEAK times may take longer.
(Allow extra time for transit by mail)



Student Information:

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

SIGNATURE _____

Signature is required before transcript is released. Transcripts are not released if a student has an unpaid debt to the school.

School Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

Number of Copies: _____

- Needed at Completion of Semester
- Official – (Regular Mail)
- Unofficial- Given to Student/Parent
- Official- Sealed- Given to Student/Parent
- PDF Version to be emailed to:
- Registered \$7.00

*Addresses are required for all requests being mailed out.
Incomplete forms will not be processed and a new request,
including charges, will have to be placed.

Office Use: _____ Date Received: _____

Date Sent: _____

Send To:

School Name: _____