



OFFICIAL TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) requires that all transcript requests be made in writing by the person to whom the record belongs. E-mail requests will not be honored. The Registrar's Office cannot process transcript requests from students with outstanding balances. Please PRINT legibly while fully completing each of the five sections below.

1) Student Information:

Full legal name as it appears on student records _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (____) _____

Dates of Attendance _____ Degree Program _____

2) Services Available:

<u>Service Requested</u>	<u>Number of Copies</u>	<u>Cost per Copy</u>	<u>Cost</u>
Pick-Up	_____	\$15	_____
First-Class Mail	_____	\$15	_____
First-Class Mail & Fax	_____	\$20	_____
Express Mail	_____	\$40	_____
Total Cost			_____

3) Delivery Information: Hold for Final Grades Term _____ Year _____
 Hold for Degree Term _____ Year _____

Complete and attach *Delivery Information* section on additional sheet for multiple addresses.

Name _____

Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

4) Payment Information: Cash Check Mastercard Visa American Express Discover

Credit Card Number _____ Verification Code _____

Card Expiration Date (mm/yy) ____/____ Amount _____

Cardholder's Information:

Name _____

Billing Address _____

City _____ State _____ Zip code _____

Telephone (____) _____ Signature _____ Date _____

5) Signature _____ Date _____

Please return the original the *Transcript Request Form*, along with payment, to the Office of the Registrar while retaining a copy for your records.

Registrar's Signature of Receipt _____ Date Processed _____