

Request for Official Transcript

All Transcripts have a 1-Business Day Processing Time

Identifying/Security Information

_____		_____
Name at time of Graduation		Graduation Year
____/____/____	_____	_____
Date of Birth	Last 4 digits of SSN	Daytime Phone Number

Agency/Release Information

Mail my official transcript to:

Institution Name _____
Mailing Address _____
City/State/Zip _____
Attention _____

Fax my final transcript to:

Institution Name _____
Fax Number (____) _____
Attention: _____

Prepare my official transcript for self-pick up (must show ID – will not be released to any one other than the individual.)

For Office Use Only

Date Received _____

Date Processed _____

Processed By _____