

\_\_\_\_\_  
Last Name First Name M.I.

(If enrolled under another name/s, please print name/s) \_\_\_\_\_

\_\_\_\_\_  
Street / PO Box City State Zip Code

XXX - XX -

Last 4 of Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Full-Time Career Program

\_\_\_\_\_  
Name of Short-Term Professional Development Course/es

\_\_\_\_\_  
Date/s of Enrollment:

## INFORMATION NEEDED

- Transcripts cannot be requested over the phone.
- Hand deliver a request form through Student Services to obtain a copy of your transcript.
- Fax or mail a completed Transcript Request Form to address or number above.

Number of documents ordered

State the purpose of the disclosure:  
\_\_\_\_\_  
\_\_\_\_\_

Identify the party or parties to whom the disclosure may be made:  
\_\_\_\_\_  
\_\_\_\_\_

- Official Transcript  
 Letter of Verification of Enrollment  
 Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of person making request

## METHOD OF RECEIPT

To be picked up by: \_\_\_\_\_  
*(with proper identification)*

Number to be faxed to: \_\_\_\_\_

To be mailed to name and address listed below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street / PO Box

\_\_\_\_\_  
City State Zip

## OFFICE USE ONLY

Date received: \_\_\_\_\_

Date completed: \_\_\_\_\_

Initials: \_\_\_\_\_