



Official Student Transcript Request

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Birthdate: _____

Social Security Number: _____

Campus Location: _____ Graduation Year: _____

I would like to receive these documents by:

- Student Pick-Up
- Designee Pick-Up: _____ (designee's name)
(Note: Designee must be listed on FERPA form with permission to release this record)
- Email: _____ (provide if different than above)
- Fax (#): _____

Printed Name: _____ Date: _____

Signature: _____

Please note that transcript requests will be made available to the student as quickly as possible, but please allow up to 30 days for processing. Transcripts will not be released to students who have balances due on their accounts.