

TRANSCRIPT REQUEST FORM

Student's Name: _____

Date: _____

Transcripts will be sent within 1 week of your request. Official transcripts will be sealed and sent directly to the address(es) you list, unless otherwise specified. **If you have a deadline, it is your responsibility to request transcripts with this in mind.** You may list specific instructions below if necessary:

I would like _____ official transcripts that I will pick up in person from the office.

I would like official transcripts to be mailed directly to the following address(es):

Address 1:

Address 2:

Address 3:

Address 4:

Official Use Only: Transcripts mailed/completed by:

Other Notes: _____
