

Today's Date _____

Student Information (Please Print)

_____			Was this your name during period of enrollment? Yes ____ No ____
Last Name	First Name	M.I.	
_____			If no, provide all prior names: _____
Mailing Address			
_____			Social Security Number: _____
City	State	Zip	
_____			Last Semester of Attendance: _____
Phone Number			
_____			Degree Earned/Year _____ / _____
E-Mail address			

CHARGES FOR TRANSCRIPTS

Are you currently enrolled in courses? Yes ___ No ___
 If Yes, courses will appear as "IP" (In Process) unless transcript is requested for end of semester
 When would you like the transcripts released?
 ASAP (48 hours) _____ End of Semester _____

Number of copies requested _____ x \$5 per copy	\$ _____
Fax (Unofficial only) \$10	\$ _____
Total	\$ _____

Does the transcript need to be enclosed in a sealed envelope inside the mailing envelope? Yes ___ No ___

Charge by Credit Card
 VISA _____ MasterCard _____ Discover _____
 Acct. # _____
 3-digit Code _____ Expiration Date _____
 Name on Card _____

Please print name and mailing address for each transcript

Number of copies to this address _____	Number of copies to this address _____
Number of copies to this address _____	Number of copies to this address _____

ALL FINANCIAL OBLIGATIONS MUST BE SATISFIED BEFORE TRANSCRIPTS WILL BE RELEASED

Student Signature _____ Date _____
 Please sign, date and return with payment. Thank you

For Office Use only	Financial Clearance _____ By _____
Date Processed: _____	By _____ Paid _____