

Today's Date: _____

Student Information (Please print)

Last Name First Name M.I.

Was this your name during period of enrollment? Yes ___ No ___

If no, provide all prior names. _____

Mailing Address

Social Security Number: _____

Last Semester of Attendance: _____

City State Zip

Degree Earned/Year: _____ / _____

Phone Number

E-mail Address

Charges for Transcripts

Are you currently enrolled in courses? Yes ___ No ___

(Payment by credit card can only be processed for totals of \$10 or more.)

If Yes, courses will appear as "IP" (In Process) unless transcript is requested for end of semester.

Provide credit card number, exp date & three digit code on reverse of card

Number of copies requested ___ x \$5 per copy \$ _____

When would you like us to release the transcript?

Fax (Unofficial Only) \$10.00 \$ _____

ASAP (48 hours) End of semester Next day service

Total \$ _____

For next day service, docs will be sent by Fed-Ex and billed to student. Provide credit card number & exp. Date

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

Please print the 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 SENT

Student Signature _____ Date _____

Please sign, date, and return with payment. Thank you.

For Office Use Only

Financial Clearance _____ by _____

Paid _____

Date Processed _____ by _____

Computer _____