



TRANSCRIPT REQUEST FORM

This form must be signed and payment attached before a transcript can be issued. Allow a minimum of ten days for processing.

Print out this page and complete all eight items and return to the address above. Please print legibly.

1. Name _____
Last First Middle Name While Attending
Social Security Number _____ Date of Birth _____
Daytime Telephone Number () _____ E-mail Address _____

2. Address _____
Number & Street
City _____ State/Zip Code _____

3. Check if you are currently enrolled ()
OR indicate approximate dates of attendance
First Year Enrolled _____ Last Year Enrolled _____

4. Number of official (School Seal) transcripts to be mailed to each address below.
(A transcript request will not be processed for a student who is indebted to the School.)
Send transcript to the address below: (Official transcripts are \$5.00 each)
1) # of Copies _____ 2) # of Copies _____

Deadline: _____ Deadline: _____

5. Number of unofficial (without School Seal) transcripts to be mailed to the address in Item #2. # of Unofficial Copies _____. First unofficial copy is free.

6. Check One
() Pick up or mail in 48 hours - RUSH Transcript - \$10.00 each
() Send now, do NOT hold for current grades.
() Send after current grades received.
() Fax unofficial Copy. Fax # is _____

7. Method of Payment: Cash () Check () Money Order ()
American Express () VISA () MasterCard () Diner's Club ()
Card Number: _____ Expiration Date: _____

of Official Copies: _____ times \$ 5.00 = _____
of Official Rush Copies: _____ times \$10.00 = _____
of Unofficial Copies: _____ times \$ 5.00 = _____
Total Due = _____

8. _____ Date of Request _____
SIGNATURE (MANDATORY for release of trascript)

without the student's written consent.

Jun-08