

Transcript Request Form

Return form to the main office

Name _____ Date _____

Phone number to contact you if needed _____

Please send an official transcript to:

Institution _____

Institution's Mailing Address _____

City, State, Zip Code _____

OR

fax an unofficial transcript to:

Institution _____

Fax number _____

Attention to _____

OR

I will pick up in the office:

Official Unofficial (circle one)

Number needed _____

Please allow 3-5 working days for the transcript to be prepared. If there is a deadline, make sure you have enough time for the preparing and mailing of transcript.