REQUEST FOR TRANSCRIPT

Please print and complete the form below. Signature and payment must be provided in order for request to be processed. Mail or fax form to the address or fax number above. Faxed requests will not be processed until payment is received. Checks or money orders are the only form of payment accepted by mail. Walk-in requests may be paid by exact cash only. A processing fee of $5 is required for each copy.

Last Name: _______________________  First Name: ________________  Middle Initial: ________

Year Graduated (or last year of attendance): ____________

Number of copies requested: ______

Signature (Required): ______________________________  Date: _______________

Complete the following for the receiving institution:

Name of Institution: _____________________________________________________________

Attention: ______________________________

Street Address: _________________________________________________________________

City: ___________________________  State: ________  Zip: ____________

Fax Number (if applicable): ______________________________

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