

## TRANSCRIPT REQUEST FORM

**Allow 7 –10 business days for processing. Expect delays at the beginning and end of semesters.  
Note: FILL OUT CLEARLY AND COMPLETELY**

X \_\_\_\_\_  
**STUDENT'S SIGNATURE**

DATE OF GRADUATION: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

UID #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**HOME ADDRESS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Did you take courses prior to 1979? (Check one)**

YES       NO

**Name used while enrolled:**

\_\_\_\_\_

**Please indicate if you would like to hold for:**

Grades - Semester \_\_\_\_\_

Degree – Graduation Date \_\_\_\_\_

Check here if address needs to be updated.

**INFORMATION OF ORGANIZATION/INSTITUTION**

**ADDRESS TO BE SENT:** *(Print clearly. This form will be used to mail your transcript.)*

**Please: Complete a separate request for each institution.**

Organization: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Please select:**

Unofficial Copy –How many? \_\_\_\_\_

Official Copy – How many? \_\_\_\_\_

**TOTAL COPIES: \_\_\_\_\_**

**Purpose for official transcript:**

Educational       Certification

Employment       Other \_\_\_\_\_

**OFFICIAL/STUDENT TRANSCRIPT FEE - \$4.00**

**SELECT SCHOOL (S) TO BE PRINTED:**

- ARTS & SCIENCES
- NURSING – Undergraduate
- NURSING – Graduate
- NEW RESOURCES
- GRADUATE/ CO-SPONSORED

**OFFICE USE ONLY:**

**Paid:** \_\_\_\_\_ **Accepted By:** \_\_\_\_\_ (Initials)

Mailed \_\_\_/\_\_\_/\_\_\_ **by:** \_\_\_\_\_ (Initials)

In-Person \_\_\_/\_\_\_/\_\_\_ **by:** \_\_\_\_\_ (Initials)

In-Per./Mailed \_\_\_/\_\_\_/\_\_\_ **by:** \_\_\_\_\_ (Initials)