

TRANSCRIPT REQUEST

(Please allow 24 – 48 hours for processing.)

Name: _____ ID#: _____

Address: _____ Phone: _____
 _____ Cell: _____
 _____ E-mail: _____

I authorize the release of my transcript to the recipient(s) indicated below. I understand that my transcript will not be released if I have an outstanding debt to the College. My signature authorizes the release of all personal and academic information posted on the transcript.

Signature: _____ Date: _____

Send Transcript To:

- 1) _____

- 2) _____

- 3) _____

Type of Transcript Requested:

- Official Copy
- Student Copy

Please Check One:

- Mail Now
- To Be Picked Up _____
- Hold for Final Grades
- Hold for Corrections

FOR OFFICE USE ONLY:

Stop Codes: [] No [] Yes _____ Date Processed/By: _____