

UNIVERSITY TRANSCRIPT REQUEST

- Closed Campuses -



Your Name (print): _____

Your SSN: _____

Your Address: _____

Phone Number: _____

Birthdate: _____

Campus Attended: _____ Dates Attended: _____

SEND TRANSCRIPT TO: (Including a specific name and department will assist in prompt delivery. Please list additional addresses on the back of this form.)

of copies: _____ Date Needed: _____

of copies: _____ Date Needed: _____

You may have any, all or none of your narrative evaluations mailed with your transcript. Do you want evaluations mailed with your transcript?

CIRCLE ONE: NONE ALL SELECTED (indicate which ones on back of this form)

Transcript fee: \$40 for first copy, \$15 for each additional copy

Overnight fee: \$25: NO YES (cannot be delivered to a P.O. Box)

Must be paid before transcript is sent.

METHOD OF PAYMENT (circle one): CASH CHECK CREDIT CARD
(Visa, Mastercard or Discover only)

Credit Card Number: _____

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Your Signature (required): _____ Date: _____

STUDENT ACCTS APPROVAL: YES _____ NO _____ INITIALS & DATE: _____