



Registrar's Office
Transcript Request Form

Please print legibly.

Date Student ID # Phone number/extension

Last name First name MI

I will pick up the transcript\* Pick up date:

Send to another institution/organization\*

Name of first institution/organization to which the transcript should be sent:

Address:

City, State, Zip:

Send Now Hold Until Current Term Grades Hold Until Degree Is Recorded

Number of Copies Requested: (First transcript ever is free; each additional transcript costs \$5.00)

\*\*Please send by (date):

Name of second institution/organization to which the transcript should be sent:

Address:

City, State, Zip:

Send Now Hold Until Current Term Grades Hold Until Degree Is Recorded

Number of Copies Requested: \*\*Please send by (date):

By signing below, I release the transcript and the information therein to the above listed institution(s)/organization(s).

Student Signature Date

\*No transcripts will be issued to students with unpaid balances with the college.

\*\*Please allow three business days for processing of transcripts.