



Transcript Request Form

Transcripts requested through this form are issued free of charge and mailed within 2 business days of receiving. A photo ID is required if picking up a transcript.

Student Name: _____ ID#: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: ____/____/____ Former Name: _____

☐ This is a new address. Please update my records and transcript accordingly.

Student Signature: _____ Date: _____

The Family Educational Rights and Privacy Act (FERPA) prohibits educational institutions from releasing student records without the written consent of the student. Forms without a signature cannot be processed.

Please check appropriate option:

☐ Send now (Transcripts are processed on Tuesday & Thursday mornings)

☐ Send after my graduate status is posted (Allow 2-4 weeks after the end of the term)

☐ Send after my grades for the current semester are posted

☐ Give to student – Official

☐ Give to student – Unofficial

☐ My transcript may be released to and picked up by

Full Name: _____ (Photo ID is required)

☐ Fax/Email my transcript to _____

(Faxed/Emailed transcripts are not official)

Send my transcript to (full name & address) Send my transcript to (full name & address)

_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only

☐ Restriction ☐ TRRQ Updated Date Sent: _____ Processed by: _____