



## TRANSCRIPT REQUEST AND RELEASE FORM

Print Student's First & Last Name

Date of Request

Please list name and complete mailing address for each university/college.



Name of University/College

Mailing Address

City, State, Zip Code



Name of University/College

Mailing Address

City, State, Zip Code



Name of University/College

Mailing Address

City, State, Zip Code

**Office Use Only**

Date Request Processed:

Processed by:

Fee Received: \$ \_\_\_\_\_

Check

Cash

I request official transcripts to be sent to the school(s) listed above.

- *There is no fee for unofficial transcripts sent prior to commencement.*
- *One (1) unofficial transcript will be provided directly to the graduate upon request.*
- *One (1) final, official transcript will be sent to the university/college to which the graduate commits after commencement.*
- *There is a \$5.00 fee for each additional transcript requested after commencement.*

Student Signature

Date

*Please allow three (3) business days for processing.*