



OFFICE OF THE REGISTRAR

ARCHIVED RECORD RELEASE

Please allow 4 (four) working days for processing. Transcripts will not be provided for anyone who has financial obligations to the University that have not been satisfied. Official transcript issued directly to the student will bear the following: "Issued to Student". Release of an academic transcript to a second party: The second party must present a written authorization stating allowance to obtain the transcript which includes the student's signature and birth date. The second party must present identification when requesting the transcript in person.

Requests for office pick up are not available, an address must be provided for mailing.

There is a \$10.00 charge for each mailed or faxed transcript request.

PLEASE PRINT THE FOLLOWING INFORMATION

Last Four Digits of Student SSN: XXX—XX—_____ Date of Birth _____

E-mail address _____

*Required: We will contact you by email regarding any problems or concerns.

Full Name _____

Maiden name (or any other name used): _____

Street _____ P O Box _____ Apt # _____

City _____ State _____ Zip _____

Telephone _____ Did you attend before Fall 1985? _____

STUDENT SIGNATURE _____ DATE _____

Number of Copies _____

❖ Academic transcripts are automatically sealed and are considered official **only** if they remain sealed.

<input type="checkbox"/> Mail	Address: _____
<input type="checkbox"/> Fax	Attention/Office: _____
A faxed transcript is considered unofficial, an address should be provided for a mailed copy of an official transcript.	Company/Institution: _____
Fax number: _____	Street: _____
Contact Person: _____	City: _____
	State/Zip: _____
	Country: _____

Office of Student Accounts: _____
(Learning Center 111) Signature _____ Date _____

REGISTRAR OFFICE USE: INITIALS: _____

DATE MAILED: _____