



FINAL TRANSCRIPT REQUEST FORM

Today's Date: _____ Student ID#: _____

Name: _____ Date of Birth: _____

Phone #: _____ Last Year Attended: _____

Did you graduate? (circle one): YES NO Maiden/Formal Name: _____

PLEASE READ CAREFULLY

I understand that:

- Transcripts are mailed after all obligations/dues are paid. Obligations/dues can be discharged if you can provide proof of payment or return of the item(s).
- Failure to submit a final transcript may result in the loss of collegiate financial aid and scholarships.
- Transcripts are not available immediately and may take 5-7 business days to process. Please note that this is an approximate time and older transcripts may take longer.
- Transcripts are free until the January immediately following graduation. After that, they are \$5.00 each (no exceptions).

Please send an official copy of my transcript to: Self College/University Employer Other

Address: _____

Signature: _____ Date: _____

For Office Use Only

Databases checked: _____ eSchool _____ DEC _____ Storage Room(s) _____ Other

Obligations owed: _____ Yes _____ No Amount Owed: _____

Student Advised: _____ Yes

Paid: _____ Yes _____ No/Declined

Transcript status: _____ mailed _____ picked-up _____ on hold reason: _____