



FINAL TRANSCRIPT REQUEST FORM

Today's Date: _____

Name: _____

Date of Birth: _____

Phone Number: _____

Last Year Attended: _____

Did you graduate? YES NO

Maiden/Former 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 3-5 business days to process. Please note 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 _____ Other

Obligations owed: _____ Yes _____ No

Amount Owed: _____

Student Advised: _____ Yes

Paid: _____ Yes _____ No/Declined

Transcript Status: _____ mailed _____ picked-up _____ emailed _____ on hold, reason: _____