TRANSCRIPT REQUEST

Name: _____ **I.D./S.S. No.** _____

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Contact Phone Number: _____

Former Last Name(s): _____

Dates Attended: _____ **Major:** _____

Signature: _____ **Date:** _____

Federal law requires student's signature before a transcript can be released.

Number of transcripts requested: _____
(limit of 5 per request)

Requested Method:

- ☐ **Mail**
- ☐ **Will pick up**
- ☐ **SPEEDE (to other institutions or ADHE)**
- ☐ **Hold until grades are posted:**
  - ☐ Spring
  - ☐ Summer I
  - ☐ Summer II
  - ☐ Fall

Send transcript(s) to the following address(es):

_____

_____

_____

_____

_____

_____

_____

Note: Transcripts of student's records will not be released until all financial and/or administrative obligations to the college have been satisfied.

OFFICE USE ONLY

ID Verified: _____

Date Issued/Mailed/Speede: _____

Processed By: _____

Rev: 04/15/2019

REGISTRAR'S OFFICE
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