

REQUEST FOR ADULT HIGH SCHOOL TRANSCRIPT

TRANSCRIPT REQUESTS REQUIRE A MINIMUM 24 HOUR PROCESSING TIME.

ADDITIONAL PROCESSING TIME MAY BE NEEDED DURING REGISTRATION PERIODS, GRADUATION, AND END OF TERM.

STUDENT'S RECORDS AND TRANSCRIPTS WILL NOT BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS TO THE COLLEGE HAVE BEEN SATISFIED.

Full Name: _____
Last Name Frist Name Maiden Name Other Last Names

Name While Enrolled: _____ Birth Date: _____

Student ID # or SS#: _____ Dates of Attendance: _____ Year of Graduation _____

Address: _____
Number and Street Name Apartment # City State Zip Code

Phone: _____

Check one: _____ **Mail** **Picture ID is required for pick up.**
_____ **Hold** for current grade
_____ **Pick Up**—who may pick up this transcript? NAME: _____

I certify the record to be released is my own. I further understand that if I sign for another individual's record to be released, I will be held liable.

Date: _____ Student Signature: _____

TRANSCRIPT REQUESTS WITHOUT COMPLETE ADDRESSES WILL NOT BE PROCESSED.

Please send a copy of my transcript to:

(1) Name : _____

Department: _____

Address: _____
Number and Street Name Apartment # City State Zip Code

2) Name : _____

Department: _____

Address: _____
Number and Street Name Apartment # City State Zip Code

For Office Use Only:

Date Received: _____ Date Mailed/Picked Up: _____ Completed By: _____ Entered on TRRQ: _____

Comments: _____