



Request for Transcript

Date of Request: _____ Student Name: _____

Send to the following College or Program: _____

Campus Location: _____

APPLICATION INFORMATION

Is a counselor recommendation required?

Yes No

Date Your Application Was Submitted: _____

Application was completed via: Mailed Online (*check one*)

Student's Signature: _____

If you choose to pick up your transcript, you must pick up your transcript the same day of request, or no later than the following business day.

Special Instructions:

TO BE COMPLETED BY COUNSELING OFFICE:

Date Mailed: _____ *Date Faxed:* _____

Date Picked Up: _____ *Other:* _____

By: _____