

RECORDS REQUEST

Transcript _____ Health Record _____ Proof of Enrollment _____ Other _____

There is a \$5.00 fee for an official transcript and the fee is to be paid in the finance office, prior to processing your request.

Student Information:

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Year of Graduation/Last Attended _____

Address _____

City/State/Zip Code _____

Phone- please include area code _____

Records Delivery:

_____ Email to: Name of Recipient _____

_____ Email Address _____

_____ Mail to the above address

-----Mail to the address listed below

_____ Pick- up

_____ Authorization to pick up by someone other than myself

Name of Authorized Individual _____

Alternate Address:

Name of College/University/Recipient _____

Address _____

City/State/Zip _____

I hereby authorize the release of the education records for the student named above to the person or institutions listed.

Signature _____ Print Name _____ Date _____

Signature other than Student _____ Print Name _____

For Office Use Only: Date Processed _____ Date Mailed _____