

**OFFICIAL TRANSCRIPT REQUEST FORM**

STUDENTS SHOULD RETURN TO THE COUNSELING OFFICE TO PICK-UP COMPLETED OFFICIAL TRANSCRIPTS, WHICH WILL BE IN A SEALED ENVELOPE. **PLEASE ALLOW 24 HOURS FOR REQUEST TO BE PROCESSED.**

INDICATE THE NUMBER OF OFFICIAL TRANSCRIPTS NEEDED IN THE APPROPRIATE SPACE. ALL ACT SCORES WILL BE INCLUDED WITH THE SEALED TRANSCRIPT.

\*TRANSCRIPTS MUST REMAIN SEALED AND SHOULD BE MAILED DIRECTLY TO THE UNIVERSITY OR WITH SCHOLARSHIP APPLICATION BY THE STUDENT. **THE COUNSELING OFFICE WILL NOT MAIL TRANSCRIPTS**

\*TRANSCRIPTS MAY BE PICKED UP IN THE COUNSELING OFFICE BETWEEN THE HOURS OF 8AM AND 3:30PM.

**$1.00 PROCESSING FEE (PER TRANSCRIPT) IS DUE WHEN TRANSCRIPT IS PICKED UP.**

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF TRANSCRIPTS REQUESTED \_\_\_\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_ FEES COLLECTED\_\_\_\_\_\_\_\_\_\_\_