

TRANSCRIPT REQUEST FORM

Student's Name: _____

Social Security Number: _____ Phone Number: _____

Approximate Dates of Attendance: _____

Request made: _____ In Person _____ By Letter
_____ By Fax

Mail to: _____

FAX to: (_____) ATTN: _____

I hereby authorize this school to release my school records to me, potential employers and/or other educational institutions.

Signature _____ Date _____

Processed by: _____ Date _____