

UNOFFICIAL TRANSCRIPT REQUEST FORM



- Please COMPLETE THE ENTIRE FORM – be sure to sign at the bottom so your request can be processed.
- Processing will take a maximum of three (3) business days after the receipt of the request.
- A transcript will not be issued for any student with a financial obligation to the University.

STUDENT INFORMATION

Student ID# or SSN: _____ E-mail: _____

Name: _____ Date of Birth: _____

Previous/Maiden Name: _____ Phone: _____

Current Mailing Address: _____

City/Province: _____ State/Country: _____ Zip/Postal Code: _____

Approximate Dates of Attendance—from Term/Year: _____ to Term/Year: _____

TRANSCRIPT REQUIREMENTS

1. STUDY LEVEL-- All Levels Specific Level(s): _____
i.e. Undergraduate, Post-Bac, Graduate, Doctoral

2. QUANTITY-- Unofficial: _____
Number of Copies

3. PROCESSING OPTIONS--
 Now After degree is posted After grades are posted (*circle one*)
Fall / Spring / Summer I / Summer II / Full Summer

After grade change is complete for (*specify course*): _____

DELIVERY INFORMATION

Pick up by Student (**MUST SHOW PHOTO ID**)

Fax-- Attn: _____ Number: _____

Mail to: _____

A signature is required to release an unofficial transcript and authorizes the release of the transcript by mail or to the fax number provided. By providing my signature, I understand the inherent risk involved in the protection of the privacy of my education record when choosing an electronic method of delivery.

Signature: _____ **Date:** _____