



TRANSCRIPT RELEASE FORM

Student Name _____

Graduation Year _____

() _____
Contact Phone #

Please send transcript to the following address:

Attention _____

Street Address _____

City _____

State _____

Zip _____

() _____
Phone #

() _____
Fax #

Requestor Signature (Required) _____

OFFICE USE ONLY

Requested by: Release Form Fax Mail

Date Requested _____/_____/_____

Date Mailed _____/_____/_____

Completed by _____

Notes: After eight (8) copies, there will be a charge of \$3 per request. Former students will be charged \$3.00 per transcript.