Request for Hardcopy (Paper) Official Transcript

IF YOU NEED E-TRANSCRIPT/E-DELIVERY, DO NOT FILL OUT THIS FORM. GO TO OUR TRANSCRIPT SERVICES PORTAL VIA THE NATIONAL STUDENT CLEARINGHOUSE.

Hardcopy (paper) official transcripts are \$5.00 each after first copy. (Allow a minimum of 3 working days for processing). Attach check or money order.

Emergency hardcopy (paper) official transcripts are \$15.00 each, and are processed in 24 hours. (Except during peak periods or technical difficulties.) Emergency hardcopy (paper) official transcripts are sent USPS First-Class Mail. For FedEx, UPS, etc. include pre-paid, pre-addressed mailing envelope.

Faxed transcripts are considered emergency transcripts, are transmitted on plain paper, and are unofficial. There is a \$15.00 charge per copy.

All obligations (holds) must be cleared before transcripts will be released.

The request for hardcopy (paper) official transcript must have the student's signature and a complete mailing address (if being mailed). Complete one form per recipient.

ATTENTION: Hardcopy (paper) transcripts picked up by or mailed directly to student will be stamped ISSUED TO STUDENT. Such transcripts may not be acceptable to the person receiving it.

Student's signature must be on request.

Student's signature

Revised 02/24/2022

Student Information				
Last Name:		First Name:		
Former Name:		Middle Name:		
Student ID:		Date of Birth:		
Address:				
City, State, and Zip:		Phone:		
Dates Enrolled:		Graduation Date:		
E-mail Address:				
Number of copies needed:		In the same envelope?	Yes	No
Processing Information				
Send as soon as possible		First Transcript Request		
Hold until current semester grades are completed		Transcript Request (\$5.00 each)		
Hold until current semester graduates are certified		24-Hour Transcript Request (\$15.00 each)		
Delivery Information				
Mail (complete address below)	Fax (list complete numb Faxed transcripts are congency transcripts and ar	mber and person) Student Pick Up (photo ID required) considered emer-		
Institution or Agency Name:				
Office or Person:				
Complete Mailing Address:				
City, State, and Zip:				

Date: