

# ALUMNI TRANSCRIPT REQUEST FORM

NAME: \_\_\_\_\_

(MAIDEN IF APPLICABLE) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**Please give name and address of the  
College/University or Employment or Military:**

1.

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2.

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**Please allow 10 school days for processing  
There is a \$5.00 processing fee for all graduates or withdrawn students.**

**I authorize the release of my records under the Family Rights and Privacy Act of  
1974 (Public Law 93-579).**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date