

Transcript Request Form

Student Information

First and Last Name: _____

Phone Number : _____

Email Address: _____

Maiden Name: _____

Graduation Year: _____

Requested Information (*circle one*)

Official Transcript: US Mail Pick up Electronic Copy

Unofficial Transcript: Pickup Electronic Copy

Requested Information Fees (must be paid in advance; current students will be charged to their FACTS account)

Unofficial transcript free \$5 fee for each official transcript

Additional fees will be assessed as needed for international or express services.

Address Information

Include the name of the college, physical address, email address (if necessary), and any department or person to whom it is being sent:

Record Release Authorization

I authorize my transcripts listed above to be forwarded to the above listed address and realize that I am responsible for the fees listed.

Graduate: _____ Date: _____

Signature

For office use only:

Cash Check # _____ FACTS CC
Amount Paid: \$ _____ Staff Initial _____