



REQUEST AND CONSENT FOR RELEASE OF STUDENT RECORD

Student's Name _____

Last Four Digits of SSN _____ Date of Birth _____

Phone Number _____

I request the following:

_____ Official Transcript with seal (normal service)
(\$4.00 for first copy, \$2.00 for each additional copy when prepared at the same time)
(Processed within 3-10 working days)

_____ Official Transcript with seal (expedited service*)
(\$15.00 for first copy; \$2.00 for each additional copy when prepared at the same time)
(Processed within 1-2 working days)
(*Expedited Service is not available during the first two weeks of each semester)

_____ Official Enrollment Verification (on school letterhead)
(Processed within 3-10 working days)

For Transcript requests: Hold for final grades: Yes No

PLEASE SEND OR FAX TO:

OR I will pick up: _____

Student's Signature

Date Requested

Approximate Dates of Attendance _____

OR Graduation Year _____

For Office Use Only:

Are there any current holds on this student? _____

If yes, please indicate amount and department _____

Date request filled: _____ By: _____