

OFFICIAL TRANSCRIPT/DIPLOMA REQUEST FORM  
(Cash, Check, Money Orders)

Requesting:

- Transcripts
- Diploma/Certificates
- Diploma Cover

Please Print: Birthdate: \_\_\_\_\_  
Mo Day Year

SSN: \_\_\_\_\_

SID: \_\_\_\_\_  
Student ID Number

STUDENT'S NAME AND ADDRESS (Please Print)

NAME		
ADDRESS		
CITY	STATE	ZIP

<b>OFFICE USE ONLY</b>
Transcript Hold: _____
Transcript was: Mailed ___/___/___ Picked Up ___/___/___ Sent Electronically ___/___/___ SM4015 _____

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*will not be processed without*

**PAYMENT IS REQUIRED BEFORE ORDER IS PROCESSED.**

Number of copies/covers requested \_\_\_ \$10.00 each. (Mailed in 2-3 business days)

List previous last names \_\_\_\_\_

Are you currently enrolled?  Yes  No

If not, when did you last attend? Quarter \_\_\_\_\_ Year \_\_\_\_\_

- Send Now
- Send after current grades are posted
- Send after degree/cert is posted. Have you applied for graduation?  Yes  No
- Pick-Up Date \_\_\_\_\_ after 1 PM.

If transcripts are to be sent to **MORE** than one address, use **ADDITIONAL FORMS**.

**NOTE: YOU are responsible for providing the correct address below.**

**MAIL TO:**

NAME		
ADDRESS		
CITY	STATE	ZIP