

Documentation Request Form

Please allow 10 business days to process your request

Student Information

Last Name	First and Middle Name
Address	City, State ZIP
E-mail Address	Telephone

In order to locate your record, please provide one of the following:

Student ID	Date of Birth	Last 4 of SSN
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Please provide the number of copies per document requesting:

Document Type:	Fees:	Number of Copies
Unofficial Transcript	\$0	
Official Transcript	\$10 Each	
Duplicate Diploma	\$75 Each	
Proof of enrollment letter:	\$0	

Hold for Pick- UP Mailing: Provide Recipients Below

Recipient 1 Name or Business	Recipient 1 Attention To (if applicable):
Address	City, State ZIP
E-mail Address	Telephone
Recipient 2 Name or Business	Recipient 2 Attention To (if applicable):
Address	City, State ZIP
E-mail Address	Telephone

Under the Family Educational Rights and Privacy Act (FERPA), the College must have a written consent signed by the student before sending transcripts or other documents.

I hereby give my consent to have my transcripts or other documents released as stated on this document request form.

Student Signature*	Date
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*Please use black or blue ink only when signing

For College Use Only:		
Received By : _____	Date: _____	Amount Paid: _____