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**Student Information**

\_\_\_\_\_  
Surname/Last Name

\_\_\_\_\_  
First and Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cellular Phone

**Please provide one of the following to identify and locate your record:**

\_\_\_\_\_  
or \_\_\_\_\_ or \_\_\_\_\_

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last 4 of SSN

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Students may receive three (3) official transcripts, thereafter, a \$10 fee for each official transcript(s) and a \$75 fee for a reprint of diploma. All other documents no fee.

Unofficial Transcript:       Official Transcript:       Education Verification:       Diploma:

Number of Copies: \_\_\_\_\_  Hold for Pick-Up      or       Please mail to:

**Recipient 1**

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Recipient 2**

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Recipient 3**

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Current Employment**

Are you currently employed?  Yes  No

If yes, is your current position related to your degree of study?  Yes  No

**Company**

What company/firm do you work for? \_\_\_\_\_

What is their address? \_\_\_\_\_

**Position**

What is your title/position? \_\_\_\_\_

Date employment began: \_\_\_\_\_

What is your current salary range?

Less than \$20,000

\$20,001 - \$30,000

\$30,001 - \$40,000

\$40,001 - \$50,000

\$50,001 - \$60,000

\$60,001 - \$70,000

More than \$70,000

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Due to Federal law, the College must have a signed release form before sending transcripts or other documents. I hereby give my consent to have my transcripts or other documents released.

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

\_\_\_\_\_  
Date

**For College Use Only:**

Amount Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_