



TRANSCRIPT REQUEST

_____	_____	_____	_____
Last name			Badger ID#
First Name			Date of Birth
Middle Name			
Former Name			
Address (Street, City, State, Zip)			Phone #
Dates of Attendance: _____ to _____			
(Start Date) (End Date)			

Send Transcripts to:

Options:

- Do not hold for current grades
- Send only after current grades are posted
- Send only after Degree is posted

Cost: \$5.

Payment Method:

Check
 Money Order
 Credit Card Number: _____ Exp. Date: _____

Send your Request to via mail, email, or fax to:

Snow College
ATTN: Transcripts
150 College Avenue
Ephraim, UT 84627
Fax: 435.283.7149
registrar.et@snow.edu

Signature

Date