

# TRANSCRIPT REQUEST FORM

## Student Information

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

## Transcript Request Details

**Number of Copies Requested:** \_\_\_\_\_

**Send To (Name/Institution):** \_\_\_\_\_

**Address for Delivery:** \_\_\_\_\_

**Method of Delivery:** \_\_\_\_\_

## Authorization and Certification

I hereby authorize the release of my academic transcript(s) as specified above. I certify that the information provided in this request is true and correct to the best of my knowledge. I understand that fees may apply for transcript processing and delivery, and I agree to comply with all applicable policies and procedures of the institution. I acknowledge that the institution reserves the right to withhold transcripts for any outstanding obligations or pending disciplinary actions.

**Authorization Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Student (if applicable): \_\_\_\_\_

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

## Institution Use Only

Date Request Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Transcript Sent: \_\_\_\_\_

Delivery Method: \_\_\_\_\_

## Legal and Compliance Notice

This Transcript Request Form is subject to applicable United States federal and state laws, including but not limited to the Family Educational Rights and Privacy Act (FERPA). By submitting this request, the requester affirms their legal right to receive the requested educational records. Any falsification of information or unauthorized release of records may result in legal consequences.

**REQUESTER'S SIGNATURE**

**INSTITUTION REPRESENTATIVE SIGNATURE**

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

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

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