



RELEASE OF INFORMATION / TRANSCRIPT REQUEST

PLEASE PRINT CLEARLY

Forms filled out illegibly, incorrectly, or without original requestor signature will not be processed.

REQUESTOR INFORMATION

Name (print): _____ Student ID: @ _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ E-mail: _____

INFORMATION TO BE RELEASED (Official Transcripts are FREE/Rush Requests require a \$20 fee to be processed in 1-2 working days)

- Transcript, Official Transcript Type: Graduate Undergraduate Number requested: _____
Send transcript: After grades are posted for current term After degree is posted for current term Immediately
- Transcript, Unofficial Transcript Type: Graduate Undergraduate Number requested: _____
Send transcript: After grades are posted for current term After degree is posted for current term Immediately
- Student Ledger History (Indicate Dates/Terms: From: _____ To: _____)
- Grade Sheet/Report (Indicate Courses: _____)
- Good Standing Letter/Verification of Enrollment (Indicate Dates/Terms: From: _____ To: _____)
- Verification of Degree Completion-other than transcript (Indicate Degree: _____)
- Other: _____

PURPOSE OF RELEASE

- Personal Professional Other: _____

PERSON/AGENCY TO WHOM INFORMATION MAY BE RELEASED:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

METHOD OF DELIVERY:

- Mail (provide address above) Fax (provide number above) Pick Up: provide date _____

AUTHORIZATION TO RELEASE:

I (print name) _____ authorize the Student Services Department to release the information indicated above to the person/agency indicated.

Requestor's Signature (REQUIRED): _____ Date: _____

For Office Use Only: Date Received: _____ Date Processed: _____ Processed by (Initial): _____
If not processed, indicate reason*: _____
Date student notified: _____ Notified by (Initial): _____ *Copy of notification attached, if in writing