



Office Use Only

Print your name and address clearly in the format provided

Last Name	First Name
Address	City
State	Zip

Do you want the above address updated in our student database? Yes No

Personal Information

Former Name (if applicable)	Email address
Contact number: (home phone, business phone, cell phone)	Extension (if applicable)

A transcript will not be issued if you have an outstanding payment balance.

Please read carefully and complete sections A, B, C and D before submitting this request.

A. Number of transcripts required (circle) **1 2 3 4 5**

B. Where would you like your transcripts mailed (if other than the address above):

Name		
Address		
City	State	Zip

C. How would you like your transcripts mailed (choose ONE of the options provided below):

<input type="checkbox"/> Regular Mail (\$5.00 charge applies for each transcript ordered) OR <input type="checkbox"/> Fax (\$10.00 charge applies) <input type="checkbox"/> Express Mail (a prepaid express mail envelope from the USPS must be provided) <input type="checkbox"/> Courier Service (please supply account number)			
<input type="checkbox"/> Federal Express _____ <input type="checkbox"/> UPS _____ <input type="checkbox"/> Airborne _____ <input type="checkbox"/> DHL _____			
Method of Payment: <input type="checkbox"/> Check (include with this order form) <input type="checkbox"/> Money Order (include with this order form) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express			
Name on credit card	Credit Card Number	Expiry date Month/year	Cardholder's Signature

Student Signature

Student's Signature	Date
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