

## **Official Transcript Request**

Student Name:		
Phone:	e-Mail:	Student ID#:
Degree Awarded:		
Service Options a	nd Fees (With Destin	ation Charges)
*Please select a service bel	low.	
	pick up my transcript from the Rear's Office. Processing fee is \$1	egistrar's Office. (This will be issued when you O per transcript.)
	transcript to be sent to my addi 3-7 business days. Shipping fee	ress. (Depending on your location, this option is \$50.)
	f the United States; I would like r you with expedited shipping. Sh	my transcript to be sent to my country. (The transcript ipping fee is \$130.)
Number of Copies Requeste	ed:	
Address Informat	ion	
Address:		
City:	State (If Applicable):	
Country:		Zip Code/Postal Code:
Payment Method		
Pay Online		Send Check
Credit Card (Cr	redit Card Authorization Form)	Cash
	Student e-Signature	Date
Received By:	Processed By:	Payment Received by: