



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