

Enrollment/Records Center Records Request Form

Student's Full Name: _____ Date of Request _____

School Attended: _____ Circle one: Graduate or Withdrawal Year _____

Item(s) and Number Requested: Transcript _____ Test Scores _____ Other _____ Permit _____

Student Signature: _____ Circle one: Hand carried or Mail Transcript

Mail transcripts to: _____

Processed by _____ On _____