



Keizy Shiro  
Office of the Registrar  
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## TRANSCRIPT REQUEST

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The cost for each transcript is **\$2.00**, payable by cash. All transcript requests must be received in writing, with the original signature of the student. All transcripts will be placed in separate, sealed envelopes. Processing time may vary depending on the time of year and volume of requests. Please allow 3-4 business days to process your request.

\_\_\_\_\_  
Student Name (print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

**Student Status (please check one):**  current student  former student

Date of last school attendance \_\_\_\_/\_\_\_\_/\_\_\_\_

Student date of birth \_\_\_\_\_ Quantity: \_\_\_\_\_  Pick up  Mail

Address (if mailing):  
\_\_\_\_\_  
\_\_\_\_\_

**Office use only:**

Date paid: \_\_\_\_\_ Date Sent/Picked Up: \_\_\_\_\_