



College Transcript Request

Date of Request _____

Student Name _____ ID # _____

Please Circle:

Pick Up or Send Transcript to:

1. _____
2. _____
3. _____
4. _____
5. _____

Check One:

- Application and Transcript
- Transcript Only

Please Circle:

Do you want class rank printed on transcript? **Yes No**

Do you want your ACT score sent? **Yes No** If so, which test dates? _____

Do you want your SAT Scores sent? **Yes No** If so, which test dates? _____

For Office Use Only
Date Request Processed