

REQUEST FORM

Name: _____ Student I.D.# _____

Address _____

City _____ State _____ Zip _____ Phone: _____ Email: _____

Currently Enrolled: 1st yr 2nd yr 3rd yr 4th yr 5th yr Masters

Date of birth: _____ Major: _____ Degree: _____

If no longer enrolled: Last date of attendance _____ OR Date of graduation _____

Date of request: _____ Signature: _____

CHANGE OF PERSONAL INFORMATION

New Name w/original documentation _____

Address change _____

City _____ State _____ Zip _____ Phone change _____

Email change _____

TRANSCRIPT/LETTER REQUEST

**TRANSCRIPTS FOR CURRENTLY ENROLLED STUDENTS ARE FREE. THERE IS A \$5 FEE FOR ALL OTHER STUDENTS
TRANSCRIPTS WILL NOT BE ISSUED UNTIL OUTSTANDING OBLIGATIONS HAVE BEEN CLEARED. PLEASE ALLOW 24-48 HOURS FOR
PROCESSING.**

*UNOFFICIAL COPIES ARE AVAILABLE ONLINE VIA STUDENT SELF-SERVICE UNLESS YOU ARE NO LONGER ENROLLED.

Select all that apply: Official copy # of copies _____ Hold for pick-up Send after grades are posted

Transferring Employment Other _____

Enrollment Letter Verification Letter Other _____

#1 Address _____

#2 Address _____

#3 Address _____