



Transcript Order Form

Student Information

First Name

Last Name

Date of Birth

Last 4 Digits of Social Security

Email Address

Phone Number

Graduation Year or Dates of Attendance (*former students only*): _____

I am a

Current Student

Graduate/Alumni

Withdrawn Student

Select all that apply:

MAIL: I would like an official transcript to be sent to the address(es) listed below.

PICK UP: I will pick up an official sealed transcript(s) from the Administrative Office.

PICK UP: I authorize the person named below as 3rd party to pick up my transcript(s) for me. I understand the designee must present a photo ID before transcript(s) will be given.

I am a senior and this request is for a FINAL transcript to be processed after graduation.

Transcript Distribution

MAIL: List all Institutions and complete addresses to which transcript should be sent.

UPLOAD: List all Institutions to be uploaded into SCOIR.



PICKUP: List the person you authorize to pick up transcripts for you from the Administrative office. This person must show a valid photo ID.

Additional Notes

Please list any instructions or notes for the Records Office.
