

Academic Transcript Request and Release Form

Please fill out this form to request the release of your official academic transcript. After filling out the fields, print this document, sign, and date the authorization section at the bottom.

1. Student Identification

Full Name (Last, First, Middle):

Former/Maiden Name (if applicable):

Student ID Number:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

2. Attendance Information

Dates of Attendance (e.g., 2018 - 2022):

Graduation Year (if applicable):

3. Recipient Information

Name of Institution, Agency, or Employer:

Department or Office (e.g., Admissions Office):

Mailing Address Line 1:

Mailing Address Line 2:

City, State, Zip Code:

Number of Copies Requested:

4. Authorization for Release

In compliance with the Family Educational Rights and Privacy Act (FERPA), student records cannot be released to a third party without the written consent of the student. My signature below authorizes the institution to release my academic transcript to the recipient designated above.

Student Signature (Sign here after printing):

Date (MM/DD/YYYY):