

### Student Information

<input type="text" value="Last Name"/>	<input type="text" value="First and Middle Name"/>
<input type="text" value="Address"/>	<input type="text" value="City, State ZIP"/>
<input type="text" value="E-mail Address"/>	<input type="text" value="Telephone"/>

In order to locate your record, please provide one of the following information below:

<input type="text" value="Student ID"/>	<input type="text" value="Date of Birth"/>	<input type="text" value="Last 4 of SSN"/>
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Please provide below the number of copies per document requesting:

Document Type:	Fees:	Number of Copies
Verification of Enrollment	\$0	
Unofficial Transcript	\$0	
Official Transcript	\$10 Each	
Duplicate Diploma	\$75 Each	
Other Type of Document:	\$0	

If Other, what document are you requesting: \_\_\_\_\_

Hold for Pick- UP

Mailing: Provide Recipients Below

<input type="text" value="Recipient 1 Name or Business"/>	<input type="text" value="Recipient 1 Attention To (if applicable):"/>
<input type="text" value="Address"/>	<input type="text" value="City, State ZIP"/>
<input type="text" value="E-mail Address"/>	<input type="text" value="Telephone"/>
<input type="text" value="Recipient 2 Name or Business"/>	<input type="text" value="Recipient 2 Attention To (if applicable):"/>
<input type="text" value="Address"/>	<input type="text" value="City, State ZIP"/>
<input type="text" value="E-mail Address"/>	<input type="text" value="Telephone"/>
<input type="text" value="Recipient 3 Name or Business"/>	<input type="text" value="Recipient 3 Attention To (if applicable):"/>
<input type="text" value="Address"/>	<input type="text" value="City, State ZIP"/>
<input type="text" value="E-mail Address"/>	<input type="text" value="Telephone"/>

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**Current Employment**

Are you currently employed?  Yes  No

If yes, Is your current position related to your degree of study?  Yes  No

**Company**

What company/firm do you work for? \_\_\_\_\_

What is their address? \_\_\_\_\_

**Position**

What is your title/position held? \_\_\_\_\_

What was your date of employment? \_\_\_\_\_

What is your yearly salary or hourly wage \_\_\_\_\_

How many hours per week do you average? \_\_\_\_\_

How did you obtain this position?  
 I received assistance by the College  
 I found this position on my own  
 Hired through an internship

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Under the Family Educational Rights and Privacy Act (FERPA), the College must have a written consent signed by the student before sending transcripts or other documents.

I hereby give my consent to have my transcripts or other documents released as stated on this document request form.

Student Signature\* \_\_\_\_\_

Date \_\_\_\_\_

*\*Please use black or blue ink only when signing*

**For College Use Only:**

Received By (Name and Signature): \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date: \_\_\_\_\_