Transcript Request Form
There is no fee to process a transcript request

@ __ ___ ___ ___ ___ ___ ___ ___ or ___ ___ ___ ___ ___ ___ ___ ___ / ___ / ___
Student ID# Last 4 of Social Security# Date of Birth

Student’s Name

__________________________________________________

Previous Name

__________________________________________________

Address

__________________________________________________

Date of Attendance:

☐ Currently attending
☐ Previously attended

☐ Graduated: No ☐ Yes ☐ Year ________

☐ Telephone#

Send to:

☐ Self – indicate on the name line below if you would like the transcript(s) sent to you.
Official transcripts must remain in the sealed envelope and are not to be opened by student.

☐ Person or Institution – indicate below the name and address of person or institution receiving transcripts(s).

Name

__________________________________________________

☐ Official - Number of Copies _________

☐ Unofficial - Number of Copies _________

☐ Send Now

☐ Send after grades are posted

Address

__________________________________________________

City State Zip

With my signature, I authorize Three Rivers CC to release copies of my academic record to the person or institution indicated above with the understanding that the named recipient will not release the record to a third party without my written consent.

Student’s Signature Date

Allow approximately 2 to 5 working days for processing. Beginning and ending of semester may cause delay.

Note: transcripts are not faxed

11/08/13 vw