

UNOFFICIAL TRANSCRIPT REQUEST FORM

IMPORTANT NOTES

- > Once your request is received, the transcript will be mailed within 3-5 business days. Please allow an additional 5-7 business days for delivery by the United States Postal Service.
- > Use a separate request form for each address to which you are forwarding transcripts.

Name:	Date of Birth:				
Student ID Number -OR- Social Security Num	ber:				
Email Address:		Phone Number:			
Mailing Address:					
Street Address	City		State	Zip Code	
 Is this your permanent address? \(\text{\$\timed{\text{\$\}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\texit{\$\text{\$\text{\$\text{\$\text{\$	different than QC \Box No	·		·	
Recipient Details					
Name of Recipient:					
College/University/Business Name		Attention to:			
Mailing Address:					
Street Address	City		State	Zip Code	
Fax Number:					
Processing Details					
When do you want your transcript processed ☐ Current transcript – process now ☐ After final grades for current semes					
☐ After degree/certificate is awarded ** Degree/certificate name:		Term/Year will be awarded:			
Number of Copies Requesting:		, , , cu			
Student Signature		Date:			