



TRANSCRIPT RELEASE FORM

Office of the Registrar- 1100 E. Lagoon Street (124-5) -Roosevelt, Utah 84066 Phone:435-722-6964 Fax:435-722-6999

PLEASE PRINT

STUDENT NAME: _____
Last First Middle Maiden or previous name used

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SSN: _____ PHONE: _____

DATES OF ATTENDANCE: _____ PROGRAM: _____

I, the undersigned, request an official transcript, unofficial transcript, GED be sent to:

(1) INSTITUTION NAME: _____

ADDRESS: _____
Street City State Zip

(2) INSTITUTION NAME: _____

ADDRESS: _____
Street City State Zip

STUDENT SIGNATURE: _____ DATE: _____

TRANSCRIPT REGULATIONS

Requests will be processed within 7-14 working days from the time of submission.

Federal Law prohibits the release of transcripts without written authorization from the student. Requests by persons other than the student will not be processed without the written authorization of such student.

Transcripts cannot be issued until all accounts with the college are paid in full.

OFFICE USE ONLY

The above requested transcripts have been sent.

Authorized Signature _____ Date _____