



## TRANSCRIPT REQUEST FORM

### **Student Information**

Full Name (while enrolled): \_\_\_\_\_ Current Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Last 4 digits of SSN or Student ID: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

### **Transcript Type**

☐ Official Transcript – \$25.00 each (first copy after graduation free) Quantity Requested: \_\_\_\_\_

☐ Unofficial Transcript – No charge (enrolled students only)

### **Delivery Method**

☐ Pick up in person (photo ID required)

☐ Mail to: \_\_\_\_\_

☐ Expedited Delivery Requested (You will be billed for expedited delivery based on time frame and delivery location).

☐ Email (Unofficial transcripts only): \_\_\_\_\_

### **Recipient Information (if applicable)**

Institution/Employer: \_\_\_\_\_ Attention/Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payment Method (if applicable): ☐ Money Order ☐ Cashier's Check ☐ Electronic Payment

### **Student Authorization**

I authorize Trinity Global Institute to release my academic transcript(s) as specified above. I understand that official transcripts issued to me in a sealed envelope will be void if opened.

Signature: \_\_\_\_\_

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