



# Transcript Request

**This form must be signed and dated. Each transcript request must be accompanied by the \$5.00 fee.  
Please print**

Current Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last name while attending this school  
\_\_\_\_\_

Last year attended  
\_\_\_\_\_

Date of Birth  
\_\_\_\_\_

Contact phone number  
\_\_\_\_\_

Are you requesting a high school transcript

YES

NO

Last 4 digits of SSN  
\_\_\_\_\_

If no, name of PSAV Program  
\_\_\_\_\_

**FOR ECTC USE ONLY**

Date received \_\_\_\_\_

Paid \$ \_\_\_\_\_

**FOR ECTC USE ONLY**

Date processed \_\_\_\_\_

**Official transcripts (with signature/seal) and other records requested to be forwarded to a continuing educational institution should be requested at least 10 days prior to need by receiving institution admissions office.**

Please send requested information/transcripts to:

NAME/INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME/INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE