

## Advanced College Transcript Request Form

financial obligation to the College before			OTE: Students must be c	leared of any
		Student ID #		
Last Name:	First Name:			MI:
Last Name Used as Student (if di	fferent):			
Student Mailing Address:				
City:	State:	Zip:	Phone:	
Student's Signature Required			Date	
For Release of Information		Number of Copi Requested:		
ORDER INFORMATION  Transcript is to be:		Total Charge @ \$10/\$20 per cop		
Processed now		Payment Metho	d:	
Official (\$10.00 fee; \$20.00 rush	ned)	☐ Check/Money Order ☐ Credit Card *		
Unofficial (no fee)		(Make check/mo	(Make check/money order payable to Advanced College)	
Picked up by me		*For credit card payments, please call the school directly.		
Picked up by a designated perso	n (** see name at ri	ght)	n will be required at time of p	iale um)
Sent electronically*** (please in	dicate email addres		n will be required at time of p	
☐ Faxed (please indicate fax numb	er)	Fax Numb	er:	
Sent via US Mail (please indicate	e mailing address			
***Unofficial transcripts only				
ADDRESS FOR TRAN	CODIDT DELIV	EDV.		

PLEASE ALLOW UP TO 2 WEEKS FOR PROCESSING