

STUDENT'S REQUEST FORM
INDEPENDENCE ADULT CENTER

TYPE OF REQUEST

DATE: _____

- Official Transcript (**\$2.00 fee**)
- Unofficial Transcript
- Graduation Inventory
- Enrollment Verification (**\$1.00 fee**)
- Other: _____

<input type="checkbox"/> MAIL
<input type="checkbox"/> PICK UP

First Name: _____ **MI:** ____ **Last Name:** _____

Date of birth: _____ Student ID# _____

Maiden or previous last name: _____

If you cannot locate my records and need more information, please contact me at:

Home Phone: _____ Work: _____ Cell: _____

SCHOOL OR ADDRESS THAT OFFICIAL TRANSCRIPT IS TO BE MAILED TO:

SCHOOL NAME

ADDRESS

CITY

STATE

ZIP

STUDENT SIGNATURE: _____

OFFICE USE ONLY	
Request taken by:	_____
Request complete by:	_____
Date complete:	_____
PAID	<input type="checkbox"/>