

Records Request

***Please Print Clearly**

Parchment Order ID#:	Student ID or last 4 of SSN (Required)	E-mail Address:	
Name of <u>School</u> at time of attendance:		Location (City/State):	
Check all that apply: <input type="checkbox"/> Official Transcript # _____ <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Duplicate Diploma <input type="checkbox"/> Other _____	Last date enrolled/graduated: Program:	Purpose for Request: <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Other (Please specify):	
Last Name	First Name	Middle Initial	Last name at time of attendance:
Current Street Address		Apt#	Date of Birth (Required)
City	State	Zip Code	Telephone Number
Signature (Required)			Date:

Please provide the address or fax number of the recipient: (Faxed transcripts are considered Unofficial)

Name		
Attention to:		
Street Address (or fax number)		
City	State	Zip Code

Name		
Attention to:		
Street Address (or fax number)		
City	State	Zip Code