# Records Request

*Please Print Clearly*

<table>
<thead>
<tr>
<th>Parchment Order ID#</th>
<th>Student ID or last 4 of SSN (Required)</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

Name of School at time of attendance: | Location (City/State):

Check all that apply:
- [ ] Official Transcript #
- [ ] Unofficial Transcript
- [ ] Duplicate Diploma
- [ ] Other _____________________

Last date enrolled/graduated: | Purpose for Request:

Program:
- [ ] School
- [ ] Employer
- [ ] Other (Please specify):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last name at time of attendance:</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Attention to:</th>
</tr>
</thead>
</table>

Street Address (or fax number)

City | State | Zip Code

<table>
<thead>
<tr>
<th>Name</th>
<th>Attention to:</th>
</tr>
</thead>
</table>

Street Address (or fax number)

City | State | Zip Code

Revised 02/04/2015