Taylor College
Official Transcript Request Form

The following must be met in order to process a Transcript Request

1. Transcripts will not be processed if the student has an unpaid financial obligation to the institution.
2. There is a $ 5.00 fee required for each transcript request processed. This fee is non-refundable.
3. Transcripts are mailed out or made available within one week of receiving the Transcript Request form.

Social Security Number: _____

Name: _____
Last MI First Maiden/former

Mailing Address: _____
Street/ PO Box City State Zip Code

Phone Number (_____) _____

When did you attend (dates)? _____

(**Please check only one**)
Transcript to be mailed: ☐ Transcript to be pick-up: ☐

PLEASE PRINT FULL ADDRESS
This will be the address used for directly mailing your transcript to.

_____

_____

_____

_____

THIRD PARTY PICK-UP (optional). I authorize the person named below to pick-up my transcript (photo ID required).

Name: _____

Please check the information that is included in your request: (Note: Not all of these items may be available and/or current.)

☐ Academic Transcript

☐ Admission Requirements

☐ Test Scores

For Office Use Only: Clear: Yes ____ No ____
Received By: _____ Date: _____
Received By: _____ Date: _____
Receipt#: _____ Date Paid: _____

_____ _____
Student Signature Date

Revised: 3/31/2008; 3/25/09