

REQUEST FOR **OFFICIAL** TRANSCRIPT TO BE MAILED

Student Name (print) _____

Graduating Class of _____

CHECK THE BOX THAT APPLIES:

- I have submitted college application by mail.
- I have submitted college application electronically.
- I need official transcript mailed to somewhere other than those listed below or other than a college.
(Please note below where you want the transcript mailed)

CHECK THE APPROPRIATE BOX(S) THAT YOU WANT YOUR TRANSCRIPT SENT TO:

- ASU-Tempe
- ASU-West
- UofA
- NAU
- GCU
- GCC
- GCC-North

OR: If the institute is not listed above please provide the following information:

University/College Name: _____

Mailing Address: _____

Student Signature: _____ Date Requested: _____

Office Use Only

Date Sent by Records Specialist _____

Records Specialist Initials _____

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