REQUEST FOR CO-CURRICULAR TRANSCRIPT
(Please print or type all information clearly)

Name ____________________________________________________________

       Last       First       Middle

Address ____________________________________________________________

       Street       Apt. #

       City/Town       State       Zip Code

Telephone Number ____-____-____       Student I.D. Number _____________

I am requesting __________ copy/copies of my co-curricular transcript.

Your right of privacy is of utmost importance, therefore, confidentiality will be
maintained and the transcript will be released only to you. Copies will not be sent
directly to employers or graduate schools. Transcript(s) can either be mailed to you or
you can pick them up in person.

☐ I will pick up my transcript(s) at The Office of Student Life and Leadership
   Development, UC-219 (please bring your student I.D.).

☐ I would like my transcript(s) mailed to the address on this form (please allow ten
   business days).

Signature _________________________________________________________     Date: __/__/____

By signing this document the above party affirms that all of the information on this form
is accurate.