

RECORDED _____

MAILED _____

PAID _____

ALUMNI TRANSCRIPT -\$10.00

TODAY'S DATE _____

YOUR NAME _____

YEAR OF GRADUATION _____

SEND TO:

INSTITUTION _____

ADDRESS _____

CITY, STATE, ZIP _____

COLLEGE DEADLINE DATE: _____

SIGNATURE _____

PLEASE NOTE: IF YOU NEED TEST SCORES, YOU MUST CONTACT THE TESTING SERVICE (E.G. SAT, ACT) TO REQUEST THAT YOUR SCORES BE SENT DIRECTLY FROM THE TESTING SERVICE TO EACH COLLEGE.