



Alumni Request Form

OFFICIAL TRANSCRIPT: Official transcript requests must be submitted through [Parchment](#). There is a fee charged for official transcripts.

Last Name	First Name	Middle Name
Former/Maiden Name:	Date of Birth	
Year of Graduation	Phone	
e-mail:		

No fee is charged for the following services:

<input type="checkbox"/> MSPE (Formerly known as the Dean's Letter _____ # of copies (MD Alumni only)
<input type="checkbox"/> Certified copy of Diploma <i>prior to 1995 you must provide a copy of your diploma</i> (MD Alumni only)
<input type="checkbox"/> Verification of Attendance & Graduation Letter
<input type="checkbox"/> Needs to be signed by Dean <input type="checkbox"/> Can be signed by Registrar
<input type="checkbox"/> State Licensure Paperwork
Instructions:
<input type="checkbox"/> Other

By signing this form I authorize the release of my student education record information to the addressee(s) below

Signature: _____ **Date:** _____

Student Records are not faxed or e-mailed to protect your privacy rights under FERPA.

Recipient 1

Recipient 2

Recipient 3

Name of Recipient	Name of Recipient	Name of Recipient
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form. Normal processing time is 2 - 4 business days upon receipt of request. Requests are processed in the order of receipt. If there is a deadline, every attempt will be made to meet the request. However, our office cannot guarantee that a deadline will be met.