



REQUEST FOR UNOFFICIAL DOCUMENTS

I authorize the Registrar's Office to release to me an **UNOFFICIAL** copy of the following document(s) from my student academic file:

Immunization Record

High School Transcript

Accuplacer/Compass Test Scores

College Transcript

Name of School: _____

Other: _____

I would like to:

Pick it up

OR

Have it emailed/mailed to: _____

PRINT Student Name:

Student ID Number

Student Signature: By signing my name
above, I confirm I am the individual.

_____/_____/_____
(MM/DD/YY)

For Office Use Only

Initials: _____ Date: _____