



TRINITY
COLLEGE

Transcript Request

This form is to be used for the release of any personally identifiable information (except directory information) or educational records, including transcripts, on any student to any party other than those listed in sec. 99.30 of the Family Education Rights and Privacy Act.

Student Information

Last Name	First	Middle	Maiden
Current Street Address		City	State Zip
() - ()	() - ()		
Home Phone	Cell Phone	E-mail Address	
Social Security Number	Date of Birth	Last Year Attended Trinity	Attended: Traditional Day Program <i>or</i> TrinityQuest Program

Student Authorization

I request and authorize the release of the following records of the above named student:

Official Transcript Unofficial Transcript
(\$5.00 each) (\$5.00 each)

Number of Copies: Send Immediately *or* Send at the end of the Semester
(Please allow a minimum of 2-5 business days for processing)

Other Education Records (*Describe*): _____

Reason for Release: _____

_____ **Student Signature** _____ **Date**

Send Request Information To:

Fees

Transcript requests are \$5.00 per transcript. Expedited requests are \$25 per transcript. (Expedited requests include same/next day requests). Other Educational Records requested are \$1.00 per page.

No Records will be released unless all financial obligations to the College are fulfilled.

For Office Use Only

Business Office:	Cleared: _____	Rejected: _____	Date: _____	By: _____
	Amount: \$ _____	Amount: \$ _____		
Registrar's Office:	Fee: \$ _____	Date Paid: _____	Date Sent: _____	Sent by: _____