



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 mailed to: _____

PRINT Student Name

Student ID Number

Student Signature

_____/_____/_____
Date of Birth