



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.

_____/_____/_____
Date of Birth