



TRANSCRIPT REQUEST

Dear Registrar:

I am requesting that you send a transcript of my academic record to (name & address of recipient):

Name or Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

- Official Transcript \$5
- Unofficial Transcript \$3

My payment is enclosed with this request. (Payable to "CLIMB")

Personal Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Dates Attended CLIMB: _____

Year of Graduation: _____

Date of Request: _____

Phone Number: _____

Signature: _____

Thank you for your assistance.