

Transcript Request Form

Please completely fill out the following form to request official transcripts be sent to specific colleges, universities, or tech schools to which you may be applying. Please complete this form **at least 2 weeks prior to the date they must arrive at the institution**. For more than 4 requests please fill out additional forms.

Student Info

Last Name: _____ First Name: _____ Date of Birth: _____
Home Phone / Cell: _____ School ID: _____

☐ I/we consent to TRECA sending transcripts. Signature: _____ Date: _____
(parent/guardian must sign if student is under 18)

Recipient Institutions

Name of School: _____
Office of Admission Address: _____ **City:** _____
State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

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