

TRANSCRIPT REQUEST FORM

PLEASE SUBMIT TRANSCRIPT REQUESTS TO UNITEK COLLEGE
 BY E-MAIL AT All-Registrar-Unitek-College@unitek.com

Please Print:

Last Name:	First Name:	MI:	Phone Number:
Other names used while attending program:		Student ID #:	
Social Security Number:	Birth Date:	Start Date:	
Street Address:	City:	State:	Zip:
E-Mail Address:			
Requesting Transcripts for:		Campus Last Attended:	
<input type="checkbox"/> ONL <input type="checkbox"/> RN <input type="checkbox"/> VN <input type="checkbox"/> MA <input type="checkbox"/> PT <input type="checkbox"/> MOA <input type="checkbox"/> IT		Last Date of Attendance:	

Type of Request	Quantity	Unit Price	Price
Official Transcript	_____	\$ 15.00	_____
Unofficial Transcript -Printed	_____	\$ 5.00	_____
Faxed/Emailed Unofficial Transcript	_____	\$ 4.00	_____
Rush Processing: onetime fee	_____	\$ 5.00	_____
FedEx with tracking provided	_____	\$ 9.00+	_____
** PROCESSING WILL COMMENCE ONLY AFTER RECEIPT OF PAYMENT **		TOTAL	_____

Mail to address listed above

Mail to address listed below

DO NOT MAIL – Will pickup

Please forward requested transcript to:

Registrar: _____ Phone Number: _____

Name of Institution: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Additional Comments:

**** PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING****
**** RUSH PROCESSING 1-2 BUSINESS DAYS ****
**** THE PROCESSING TIME ABOVE DOES NOT INCLUDING MAILING TIME ****
 Transcripts will be issued ONLY after receipt of the transcript request fee.
****Any transcripts not picked up after 2 weeks, will be mailed out to the address listed above****

I have completed and enclosed a separate transcript request form for each institution, and have enclosed payment in the amount of _____.

Signature _____

Date _____