

TRANSCRIPT REQUEST

Choose one:

**Landmark Learning
Penland**

**Highlands Biological Center
Adventure Treks**

OFFICE USE ONLY

Last Name

First

Middle

Email

/ /
Date of Birth
(MM/DD/YYYY)

Phone Number

Current Mailing Address:
(this will appear on transcript)

Transcript Issued To:
Name of Person / Institution (Required):

Please **one:**
(if picking up, transcript has to be issued in your name)

Number of Copies: 1 2 3 4 5

Mail Transcript Immediately

Name of Person / Institution:

Plan to Pick-up Transcript

***You may request up to 5 copies of your transcript to be sent to the same address. There is **NO** charge for 1 year after completion of course(s). After the 1 year, the cost of transcripts is \$10.50 per request to an address (up to 5 copies still applies for one charge).

Number of Copies: 1 2 3 4 5

Student's Signature: _____
(Required)

Date: _____

Please Note:

Transcripts will not be released until **ALL** financial obligations to the University have been satisfied. If you request multiple copies of your transcript, they will be placed in separate, sealed envelopes. Please include as much accurate information as possible and write legibly to prevent a delay in processing. No transcript(s) will be released for pickup to anyone except the student unless the student appropriately makes a request in writing. A picture ID is **ALWAYS** required when picking up a transcript. Please allow one (1) to three (3) business days for requests to be filled, although peak periods may require a longer advanced notice.

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Processed by: _____

Date: _____