



Transcript Request Form

- Official transcripts are **\$10 (per transcript requested)**. These can be picked up or mailed.
 - Transcripts are processed within **7-10 business days**
 - A photo ID will be required if transcripts are picked up.
- You can also mail the completed request to
 - 1600 S 25th E, Idaho Falls, ID 83404
 - or fax to (208) 525-7026
- If you have any questions call
 - 1-800-662-0261 (toll free) or
 - (208) 524-3000

Current Information

Full Legal Name _____

SSN or Student ID #: _____ Date of Birth _____

Address
(Street City, State Zip) _____

Contact Phone _____ Email Address _____

Previous Names _____

Type of Transcript: CEI- Credit Classes WFT/CE - Non-Credit Classes
 Advanced Opportunities (Dual Credit, Technical Competency Credit and Concurrent Enrollment)

Program(s)/Years Attended _____

Degree Yes No If yes what degree _____

Additional Information Pick Up Mail Now Wait for grades
_____ # of Copies ordering (\$10 per transcript)

Mail To

Full Name _____

Address
(Street City, State Zip) _____

Contact Phone _____

Payment Information

Card# _____ Exp. Date _____ CVC _____

Master Card Visa Discover American Express Charge Amount _____

Signature _____ Date _____