

TRANSCRIPT REQUEST FORM



Office of the Registrar

I, the undersigned, request an official transcript be sent to:

INSTITUTION NAME:	ATTENTION:
ADDRESS:	CITY, STATE, ZIP:
STUDENT NAME (PRINTED):	SSN:
NAME WHILE ATTENDING:	
CURRENT ADDRESS:	CITY, STATE, ZIP:
PHONE:	PROGRAM:
STUDENT SIGNATURE:	DATE:

Number of transcripts to be sent: _____

Murray Requests:

Please send the completed, signed request to:

Fax: 801.869.2409

Email: transcriptsmurray@eaglegatecollege.edu

Layton Requests:

Please send the completed, signed request to:

Fax: 801.869.2422

Email: transcriptslayton@eaglegatecollege.edu

TRANSCRIPT REGULATIONS

Requests will be processed within 5-7 working days from the time of submission.

A transcript fee of \$5.00 per copy is required for each transcript requested.

To pay fee, please include check, or send back the credit card authorization form with the request.

Federal Law prohibits the release of transcripts without written authorization from the student. Requests made by persons other than the student will not be processed without the written authorization of such student.

Transcripts cannot be issued until all accounts with the college are paid in full.

OFFICE USE ONLY

I have received payment for the above requested transcripts.

Authorized signature	Date	
The above requested transcripts have been sent.		
Authorized signature	Date	