

# TRANSCRIPT RELEASE FORM



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**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:

Please send the completed, signed request to:  
Fax: (801) 869-2409  
Email: [transcriptsmurray@eaglegatecollege.edu](mailto:transcriptsmurray@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 call 801.333.8100 to pay via credit card.

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
<i>The above requested transcripts have been sent.</i>	
Authorized signature	Date