

TRANSCRIPT REQUEST FORM

Student Information – Information is required in order to locate your records in a timely manner.

Last Name: _____ First Name: _____
Other name(s) used while in attendance, if applicable: _____
Birth date: ____/____/____ Social Security Number: ____-____-____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Daytime or Cell phone: () _____ - _____ Evening Phone: () _____ - _____
E-mail: _____

Please check appropriate status – Information is required in order to locate your records in a timely manner.

Enrollment Status: Current Former Graduated Withdrew
Program: AFA BFA MA Diploma (1970-1981)
Check all that apply Continuing Education or Open Program Certificate Sotheby's Study Abroad

Approximate dates of attendance: _____

\$5.00 each copy Total number of copies requested: _____ Total amount enclosed: \$ _____

Payment method (please check one):

Cash Check/money order payable to the **Corcoran College of Art + Design**
 Credit card: VISA MasterCard American Express

Credit Card # _____ Exp. Date: ____/____/____

Card Holder's Name (please print) _____

Card Holder's Authorizing Signature _____

I authorize the Corcoran College of Art + Design to release my academic records to each individual or institution I have indicated on the first (and, if applicable, second page) of this request form:

STUDENT

SIGNATURE: _____ Today's Date: ____/____/____

Signature of **student** is **required** before any transcript can be released.

Note: Please be sure to allow time for processing. Generally, requests received by 5pm on Wednesday will be available for pick up after 12pm on Friday of the same week. However, some transcripts may take extra time for research or retrieval from archives and, therefore may take several weeks to process. Transcripts are not available for classes that were taken for non-credit. If your record is on hold, transcripts will not be released until the hold is cleared. If this form is missing the student's signature, is missing adequate information to identify the student, or is not accompanied by sufficient payment, transcripts may not be released until rectified.

Recipient #1: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).

Do you have more recipients? Use the back of this form.

OFFICE USE ONLY Date Sent: ____/____/____ Amount Received: \$ _____ Receipt #: _____

Last Name: _____ **First Name:** _____

Recipient #2: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

- Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).

Recipient #3: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

- Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).

Recipient #4: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

- Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).

Recipient #5: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

- Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).

Recipient #6: Circle the NUMBER of transcripts for this recipient: 1, 2, 3, 4, more (specify) _____

- Check one: I will PICK-UP at the Corcoran Registrar's Office.
 Please MAIL to me at my home address (above).
 Please MAIL to the address specified below:

This address will appear on envelope:

Institution/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

I have provided an ENCLOSURE which needs to be included in the envelope(s).