



TRANSCRIPT & DIPLOMA REQUEST / EDUCATION VERIFICATION

Fee: Official transcripts are \$5.00 per copy at time of request, diplomas are \$15.00 per copy at time of request, no fee for education verification.

Please complete all information:

☐ Official transcripts requested ☐ Unofficial transcripts requested ☐ Education verification only ☐ Duplicate diploma request

Student Name		Campus attended	
Other Name(s) used			
Name to be Printed on Diploma (if different, valid identification is required)			
Current address			
City		State	Zip
Phone number		Phone number other	
Email Address			
Date of birth		Student ID or SSN	
Program		Dates Attended	

Enrollment status: ☐ Current Student ☐ Graduate ☐ Withdrawn

Action Requested (select one):

☐ Fax to: Attention _____ Fax number (____) _____

☐ Email to (*for Education Verifications Only*) _____

☐ Mail to _____

Address _____

City _____ State _____ Zip _____

☐ Other instructions _____

Student Signature (REQUIRED) _____ **Date** _____

Mail the completed form and payment (check, money order, or credit card) to the campus location attended • Attention: Registrar
Campus addresses can be located under Campus Locations at www.carrington.edu. Please contact campus for fax instructions.

- Documents cannot be released without the student's signature.
- Processing can take up to 30 days.
- Failure to complete exit counseling may result in placement of a hold on student's records, which would prevent fulfillment of transcript requests and release of graduates' diploma.
- Diplomas and transcripts are not released to students with outstanding balances on their student accounts.
- Carrington College can only release transcripts from Carrington College (formerly Western Career College).

Registrar use only

Amount paid \$ _____ Receipt # _____
Request completed by _____ Date completed _____
Date sent to Home Office _____ Home Office received on _____
Home Office response date _____

CREDIT CARD PAYMENT AUTHORIZATION

Card Information:

☐ Discover ☐ Master Card ☐ Visa

Amount authorized to charge credit card _____

Debit/Credit card number _____

Expiration date _____ Three digit CSV number on back of card _____

Cardholder authorized signature _____

Cardholder name (please print) _____