



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

TRANSCRIPT REQUEST FORM

Name: _____ Alumni Student

Student ID #: _____ E-mail: _____ Telephone _____

Degree at ITU _____ Graduation Date: _____

Check the reports requested and number of copies needed:

Grade Report: _____ copies, Spring Summer Fall Year _____

Transcript: (official) _____ copies, (non-official) _____ copies. Total Cost: \$

Purpose:

Transfer Personal record

Company reimbursement

Date of Request: _____ Needed By: _____

Normal Service 1-3 business days

Rush Service 1-2 business days

Come in Person to Pick Up

Please Mail to the Following Address:

Address : _____

Requester's Signature

Date

Administrator's Signature

For Office Use only:

Date Mailed _____ Mailed by _____ Comments _____

Fees:

1. \$15.00 For the First Official Copy

2. Additional \$10.00/each for 2-5 official copies

3. Additional \$5.00/each for 6-10 official copies

4. Grade Report Free