



Request for Academic Transcripts

Instructions

To have your transcript request processed properly, please follow these instructions:

1. Print out and complete this form, printing legibly and providing **all** of the information requested.
2. Provide payment of \$5 per transcript. Indicate credit card information on this form or make check payable to Erie Business Center.
3. Mail the completed form and payment (if by check) to: Erie Business Center, ATTN: Transcript Requests, 246 West Ninth Street, Erie, PA 16501.
4. Please allow one week for processing of your request.

Name: _____
First Middle Initial Last Maiden

Address: _____
Street

City State Zip

SSN: _____ - _____ - _____

Phone: (____) _____ - _____

Date: _____ **Signature:** _____
(Required for processing)

Graduation Year or Dates of Attendance: _____

Send transcripts to: _____

Transcripts Mailed: _____

NOTE: Any student with a past due balance on his/her account must contact the Controller's Office before processing can occur.

Credit Card Information:

Card Type (Visa, MasterCard, Discover): _____ **Card #:** _____

Expiration Date: _____ **3-digit # from back of card:** _____

Numerical address and ZIP code appearing on your credit card statement: _____ **ZIP** _____
(For example, if your billing address were: 246 West 9th Street, Erie PA 16501, you would write 246 and 16501 in the lines above.)

*If you would like to authorize the release of information via phone, fax, e-mail or U.S. mail, your original signature is still required. Please inform the school what information you wish to have released (degree conferred, year conferred, major, graduation date, etc.) and **to whom** it may be released. Please note your wishes in the "Send transcripts to" area above. There is no charge for the release of information. These regulations are in accordance with the Family Educational Rights and Privacy Act of 1974.*

****** NO REQUEST WILL BE PROCESSED WITHOUT AN ORIGINAL SIGNATURE. ******