



Transcript Request Form

Use this form to request a copy of your official EAC transcript.
Use a separate form for each address. Please print information legibly in ink.

Name: (Last First Middle [Maiden or Previous Name])

Address: (P.O. Box or Street City State ZIP)

Phone: Home: Business: E-Mail:

Student ID: (This may be your Social Security Number) Birth Date:

Date(s) enrolled: Send now Send after current grades are recorded

Student Signature (Required for Release): _____

Mail transcript to:

Transcript fees payable in advance, \$5/each by check or credit/debit card from MasterCard or Visa.

Number of Copies Requested: _____ Total fee(s) paid \$ _____

Credit Card # _____ Exp. Date _____ Security Code _____

Billing Zip Code: _____ Card Owner Signature: _____

Return this completed Transcript Request Form to:

Eastern Arizona College
Records and Registration Office
615 N. Stadium Ave
Thatcher, AZ 85552-0769

Or, by FAX at (928) 428-3729

For EAC Records and Registration Office Use:

- Sent to addressee
 Enclosed is your EAC transcript

Transmittal date: _____